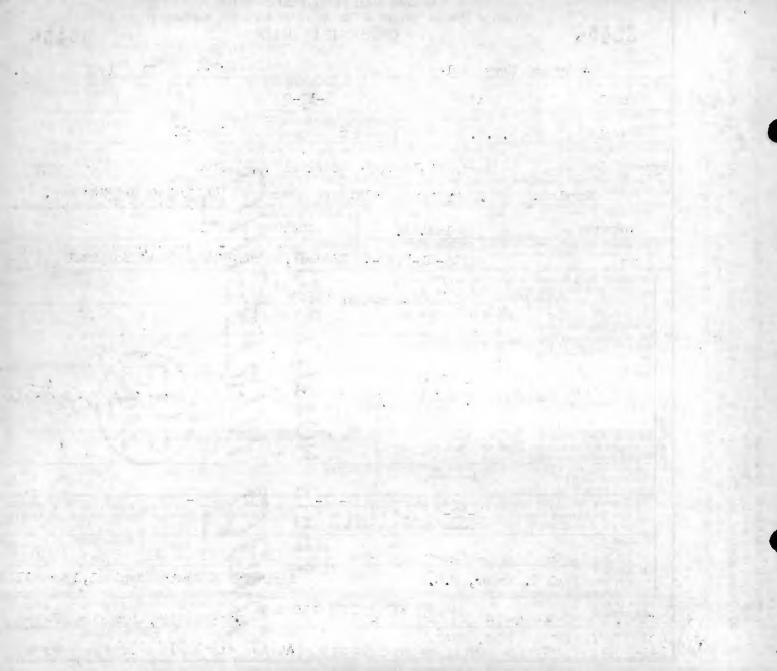
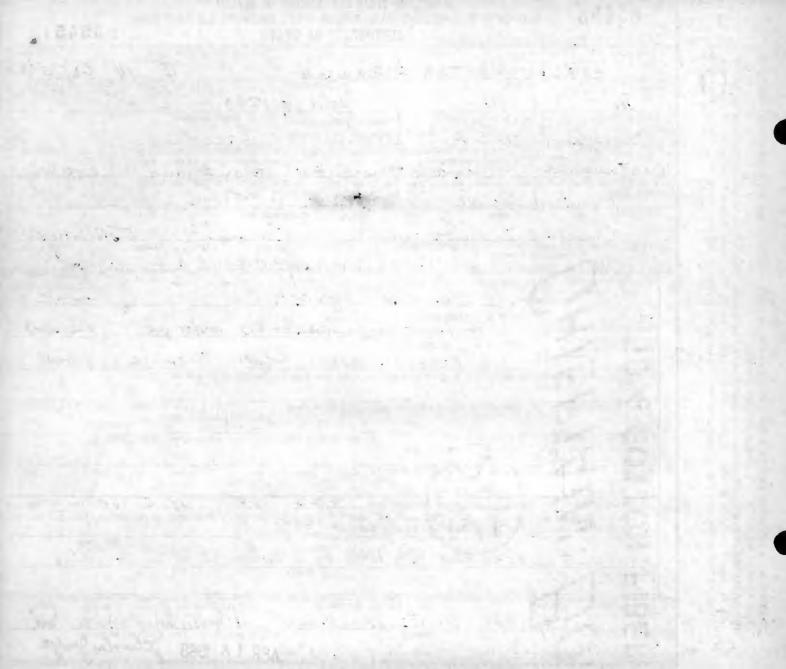
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle last 20. DATE OF DEATH 2b. HOUR death. 24 hours after deoth (Type or print) April Gertrude Mary Adler 3. SFX 4. RACE 6. AGE (In years last birthday) S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. OAYS White 1-12-90 Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Russia filled in Carroll U.S.A. WIDOWED 3 DIVORCED [ within 10 CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress)
Springfield State Hospital INDUSTRY AT HOME during most of working life, even if retired.) remaye corbon Sykesville the ottending physician and completely sit permit. Then please remave corbor certificate has been signed by the ottending physician ond complete thed far use as the buriol-tronsit permit. Then please remave corbpt of Heolth priar to buriol, cremation, or removal, ond in any event, 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before, 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland 13b. COUNTY BALTIMORE Baltimore YES X NOIX 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First unknown Applestein MEORMARUBEN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) 215-01-8799-APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave: rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF 4 moy be retoined by the hospital or attending physicion. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE-OR CONDITION GIVEN IN PART 1(a) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED JN/CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. director, page 3 shauld be detache should be filed with the Stote Dept. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21e. PLACE OF INJURY State City or Town County While Nat while at wark of wark TO FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from 7-11-, 1907, ta 14-11, 1968, that (I) (we) last saw the deceased alive an 11-11- 1968, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22. ADDRESS Springfield State Hospital, Sykesville 22d. PHYSICIAN'S NAME (Type) Paul G. Ensor, M.D. OHRE KNESSETH ISRAEL ANSHE SFARD 23b. DATE 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (State) BURTAL (Specify) 4-12-68 BALTIMORE, MARYLAND INC . ADDRESS OLENIEVINSON & BROS. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 15 1968 Thomas REISTERSTOWN ROAD, BALTO, 21215

MAKILAND SIAIE DEPAKIMENI OF HEALIN

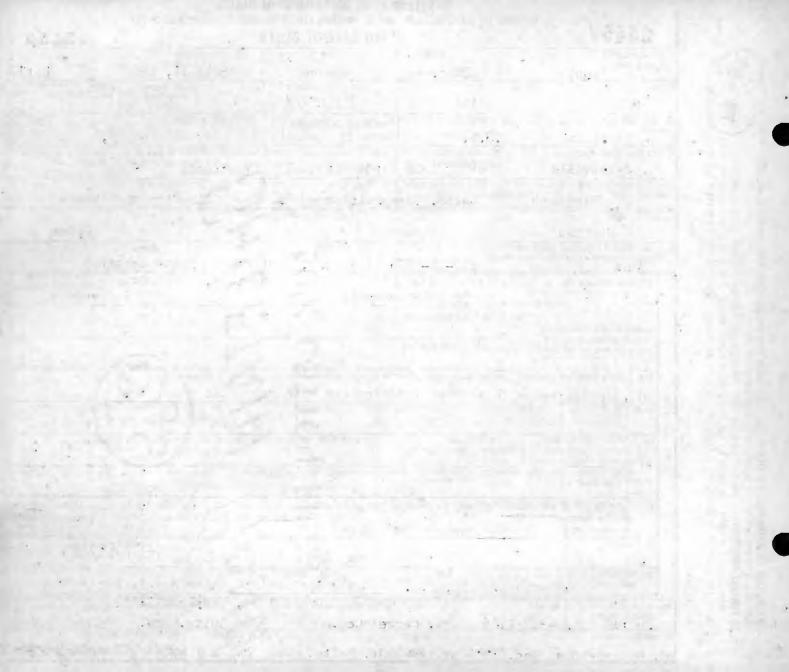


		MARYLAND STATE DEPARTMENT OF HEALTH	
7 - 1	١,	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
(I)	/	Item 13 Film G399 1/22/68 kk CERTIFICATE OF DEATH	)5457
= - ~ E		DECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
de de de	1	(Type or print) HARLAN KEETER ALBAY GH Month Day	68 5-30 M
\$ 15 to	3. S	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years I Fund	DER 1 YEAR IF UNDER 24 HRS.
by the funeral Page 1 and 1 an		In w June 17 1893 lost birthday) 74 YRS. MONTH	S DAYS HOURS MIN.
24 hours after death ed in by the funeral ppers. Page 1 and 72 hours offer death		BIRTHPLACE (Store or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED PREVER MARRIED 9. COUNTY OF DEATH	
d in d in pers	COLD	maryland U. S. A. WIDOWED DIVORCED Carroll	Md.
sician and campletely filled in by the please remave carbon papers. Page and in any event, within 72 hours	10.		b. KIND OF BUSINESS OR DUSTRY
ban	u	Ossimula Carroll Co. General Hosti maintenance	State Hespi
car		. USUAL RESIDENCE (Where deceased lived, if institution: Residence before nission) STATE 13b, COUNTY 13c, CITY OR TOWN YES NO PARTY NO NUMBER	1
ave de o	-	Maryland Carroll Sykesville Rt. 3. Box 344	No.
rem n an	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
ase ase	140	D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITYNO. 117, INFORMANT Address	leanyer
attending physician and sermit. Then please remon, ar remanal, and in an		Ves. pp. or upknown)   (I) ves. give. wor or dates of service)	- 1
ph hen navo	F	19-36-2175 A Mrs Mary E. alberry & Sykewille.	APPROXIMATE INTERVAL
ur. by the attending phy transit permit. Then cremation, ar remava	Р	18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND OFATH
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	П	Conditions, if any, which gove)  (b) MYOCARDIAL INFARCTION MASSIVE	3-6 WKS.
n. y † ansi		rise to immediate cause (a).  stating the underlying couse  DUE TO, OR AS A CONSEQUENCE OF	3-6 (0,-5.
5 TO 1 1	П	lost. (c) ARTERIOSCLEROTIC HEART DISEASE	YEARS
signed by the burial-transit burial, cremat	П	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
s the lar to k	2	421	
rtificate has been signer of Kealth priar to burial	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDER	RED IN CERTIFYING
S E	RTIFI	YES NO CAUSES OF DEATHS:	
Hea L		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 11 OF PORT 2, ITEM 11	8.)
o o	MEDICAL	(If either, notify medical examiner) P.M. 19	
dep l	-	21d. INJURY OCCURRED While Not while of work of the Building, ETC.  21f. LOCATION Street or R.F.D. No. City or Town Cau	inty State
be detached State Dept. of	L	di waik oi waik	that (1) () (
Sto		saw the deceased glive an 4/14 19 66, and that in (my) (gur) anining death accurred on the date an	_, mui (i) (we) last
shauld in the	П	causes stated abave, (1) (we) (did) (did nat) view the bady after death.	
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O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far ushould be filed with the State Dept. of Healt	720	1. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d-2 LOCATION (City or Town) (Col	unty) (Stote)
Sha dire		REMOVAL (Specify)	unty) (Stote)
	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNA	
VR A15 (4) 30M REV. 1/68	-	y. a. Barty Walkersville, 2 1 2 1793 NATE ADD 1 8 1968 Clearle	o judge



MAKYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3546 F CERTIFICATE OF DEATH DECEASED-NAME First M ddle 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) Elsie the funera 6. AGE (In years IF UNDER YEAR SEX 4. RACE last\_birthday) MONTHS DAYS Female campletely filled in by burial-transit permit. Then please remove carban papers. P burial, crematian, ar remaval, and in any event, within 72 hau 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED MINEVER MARRIED U.S. A WIDOWED 🔀 DIVORCED [ ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during, most of working life, even if retired.) INDUSTRY please remove carban - AUSEULITE 13a. JSUAL RESIDENCE (Where deceased lived, if institution: Residence before, 13c. CITY OR TOWN 13d. INSIDE CITY JIM TS? 138, STREET AND NUMBER admission) STATE 13b. COUNTY IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle Last Lost physician o 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address MRS, Bertie Yes, na, priunknown) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH ASTROLNTESTINAL HOUR IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF UNKNOWN signed by the burial-transit p Canditions, if any, which gave ) SITE rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta O FUNERAL DIRECTOR: After this certificate has been RTERIOSCLEROTIC SEASE 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? YES [ NO 🔀 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21a. PLACE OF INJURY County State City or Town While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an . 19.68 to 221 SIGNATURE 22c. DATE SIGNED. ATTENDING STAFF PHYS. DIRECTOR PHYS. 22e. ADDRESS PHYSICIAN'S NAME (Type) Westminster 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b DATE 23d. LOCATION/(City or Town) (County) (Stote) BUTIA Specify) 2Sa REC'D'BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** Melizale 30M REV



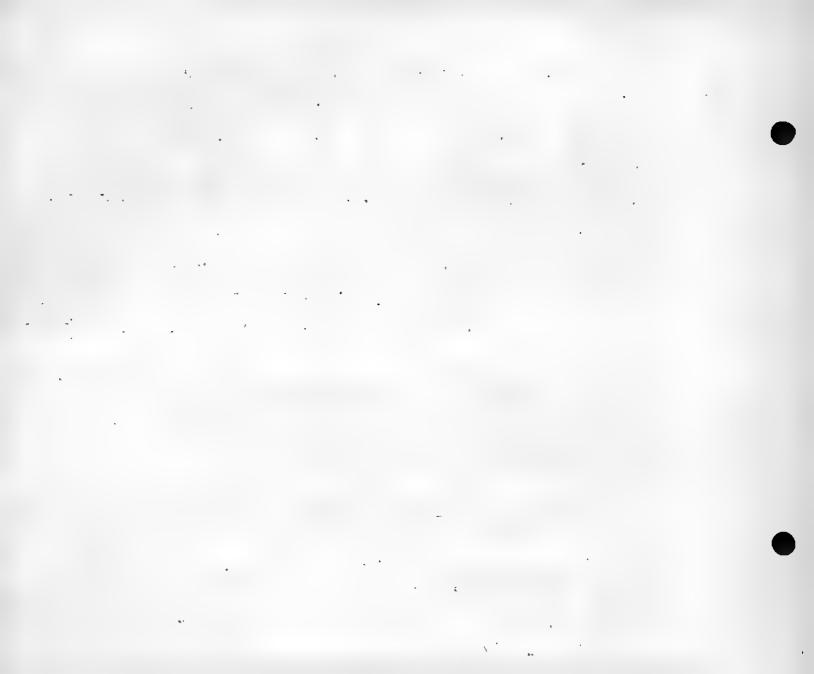
MARYLAND STATE DEPARTMENT OF HEALTH 35460 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle First Lost 20 DATE OF DEATH 2b. HOUR (Type or print) Ernest Month D. Brilhart. 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF JHDER 1 YEAR IF JINDER 24 HRS. Male last birthday) White April 15. 1903 PHYSICIAN: The law requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T \*NEVER MARRIED T country) Md. U.S.A. Carroll WIDOWED | DIVORCED [ filled burial, cremation, or removal, and in any event, within 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even fretired)
Claims Investigator INDUSTRY carbon Westminster Co. Hospt. completely Rail Road 130 USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c CITY OR TOWN 13a INSIDE CITY LIM TS? 13e, STREET AND NUMBER admission) STATE 13b. COUNTY YES T NO 🗔 Md. Old Ft. School House Rd. Carroll Manchester 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle First Middle Lost Franklin C. Brilhart Maggie Gettier physician ( nen pleose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no os unknown) (It was give war or dates at service) A705-05-7450 Gertrude Brilhart Manchester. Md APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (t).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 for use os the t FHealth prior to b this certificate has been 190. DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o AUTOPSY? CAUSES OF DEATH? YES 🖂 NO 📑 210. ACCIDENT WAS UNDERLYING 23b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year detached for the perfect of the perf (If either, notify medical examiner) P.M. State Dept. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY Occount City or Town Stote County OR ATTENDING 4/22 1908 to 4/24 1968 that (1) (we) lost 22a. I certify that (1) (this hospital) attended the deceased from... saw the deceased glive on 4/24 1968, and that in (my) (aur) apinion death occurred on the date and hour and from the director, page 3 should should be filed with the O FUNERAL DIRECTOR: causes stoted above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DIRECTOR 22e ADDRESS 22d. PHYSICIAN S NAME (Type) FARSKEY. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) BURIAL, CREMATION, (County) (Stote) TEMOVAL (Specify) April26,1968 Manchester Cemetery Manchester Carroll Md. 250 RECD BY REGISTRAR APR 29 25b REGISTRAP'S, SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) Tipton - Eline Funeral Home Hampstead, Md. 30M REV 1/68 DATE



11	\1./	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
7	(NA)		Items 9 & 10 Film G400 5/2/68 kiCERTIFICATE OF DEATH
	<b>1</b>		ECEASED-NAME First Middle Lost 20. DATE OF DEATH Day Fregr 2b. HOUR Manth Day
	the for	3. SI	S. DATE OF BIRTH  6. AGE (In years of birthday)  1. January 1. S. DATE OF BIRTH  1. S. DATE O
	24 haur d in by pers. , 72 hau	caui	8IRTHPLACE (State or fareign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   NOTICE
	within within band band band band band band band ban	4	CITY OR TOWN OF DEATH WE THE HOSPITAL OR INSTITUTION (If pat in haspital during most of working life, even if retired.). INDUSTRY
	cample ave cal	ødm	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d, INSIDE CITY LIMITS7 YES NO [] NO [] 13e, STREET AND NUMBER
	he ex n and se rem din an	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	rtificate physicia en plea ival, an		WAS DECEASED EVER IN U.S. ARMED FORCES? (16s. RO. of unknown) (17 yes give war or dones of service)  Address  Address
	AN: The law requires that the death certificate be executed within 24 haurs after death all ar attending physician.  It can be been signed by the attending physician and campletely filled in by the forecal far use as the burial-tensit permit. Then please remave carbon papers., ages I and the utility priar to burial, crematian, ar remaval, and in any event, within 72 haus after distributions.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-tanged by shauld be filed with the State Dept. of Health priar ta burial, trees.	NO.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  2 6 0 ×
	r attending r attending e has been use as the lifth priar ta	CERTIFICATION	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?  YES NO CAUSES OF DEATH?
	YSICIAN: naspital ar certificate thed far us	MEDICAL C	21a. ACCIDENT WAS UNDERLYING    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year   19
	G PHY the ha r this c detach ite Dept	-	21d. INJURY OCCURRED While Not while at work  AT HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street or R.F.D. Na. City or Town County State of work  OFFICE BUILDING, ETC.
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	OR AT be reto DIRECT ge 3 she led with		22b SIGNATURE  ATTENDING  DEGREE PHYS  MED  DIRECTOR  STAFF  PHYS.  22c Days SIGNED  1   58
	Poge 4 may O FUNERAL director, pa		22d PHYS/CIAP'S NAME (Type) MN MA STIN 22e. ADDRESS Hay fingusation the
	TO HC Poge TO FU	L	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	VR AT(./4) 30M REV, 1/68	24.	FUNERAL DIRECTOR 250 REGISTRAR



MAKTLAND STATE DEPAKTMENT OF HEALTH



MAKYLAND STATE DEPARTMENT OF HEALTH



7. 1	ı	MARYLAND STATE DEPARTMENT OF HEALTH	
Tophore -		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	731
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	<b>)</b> 1 v
HEALTH DEPTALL		ECEASED NAME Frst Middle Cost 20 DATE KNOWN M Month OF ESTI-	Day Year 25 HOUR
lay 1s Poge ent of		MAKY FLIZABETH COCKOEN DEATH MATED 4-1	43 188 PM
elay d 3 . Po	3 5		20 HOUR
Iny delay 1 2, ond 3 t PM3. Pog	L	7 FEB 19-1902 66 YRS 4 - 72-3	Year 1968 15 M
	7a (0.JF	BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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s offer 18. Gr olong with death.		US_A. RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13d INSIDE CITY .m. 152 13e STREEF AND NUMBER dm ssion) STATE AND 13b (OUNTY) A D D 14 14 14 14 14 14 14 14 14 14 14 14 14	
re of	<u> </u>	CHIRCLE VILLONIONN COM 1941N 31,	
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		GOY MI COOKSON ADA ROYER	
h.n 24 noth in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO 17 INFORMANT  ADDRESS  (es, no, or unknown)   (If yes give wor or doles of service)   (1)	n i
with year		es, no, or unknown; (it yes give wor or doles at service) 220-30-0804 GRACE COOKSON UNIONTO	
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e executed pending in the Medicoi in the Medicoi is it permit.		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Myccardial Thanktucelo)	decelal.
ex end if p		4 10 9 DUE TO, OR AS A PONSEOJENCE OF	
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cert , writ orword used movo	S	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
F = 0 0 -	CERTIFICATION		YES NO X
		216 EXTERNAL CAUSE WAS 216 TIME OF NIURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Ite PRIMARY OR CONTRIBUTING 1	am 18)
(AMINER: 1 le the certific le 4 should by our files. oge 3 should cremofilm)	MEDICAL	CAUSE OF DEATH P.M 19	
MIN the the trans	2	21d INJURY OCCURRED  21e PLACE OF INJURY (At home farm, street, white mot white mot white factory, affice building, etc.)  21f LOCATION Street or R.F.D. No. (ity or Town)	County State
EXAM ute th tige 4 your Poge , crem		AT WORK AT WORK	
ICAL EXAMINER: Dexecute the cert por. Page 4 shoul ad for your files. CTOR: Page 3 shou burial, cremotion		22a <b>I certify</b> that I taak charge of the remains described above, held an Autopsy 🔲, Inspect on 💢, Inquiry 📋	, and in my opinian
DEPUTY SICAL B RESSARY, please exect e funeral director. Pa moy be retorned for FUNERAL DIRECTOR: salth prior to burial,		death resulted fram Natural causes 🛛 / Acciden 🔲 , Suicide 🔲 , Hamicide 🔲 , Undefermined manner	
please e director retoined DIRECT or to bu		CHIEF MEDICAL EXAMINER	
ury, ple erol d be ret RAL D		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED
essary, funeral ioy be JNERAL		EXAMINER'S DEPUTY MEDICAL EXAMINER &	-43-68
		NAME (Type) / W GLENN SPEICHER PODESTINES MERINGEN CITALLIA	ser arral
5 = + ~ 5 ±	23a	BURIAL, CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 234 LOCAT ON (CITY OF TOWN)	(County) (Stay
the state of the s	CA	EMATION 4-26-68 FT LINCOLN BLADENSBURG.	MD
N	24	JUNERAL DIRECTOR + O ADDRESS 2SG RECD BY REGISTRAR 2Sb REGISTRARS S	SIGNATURE
VR A15ME (5) 10M REV 1 68	12	W Harpler Volono lew Windrer My BATE APR 26 1968 gotion	Lin Langue



1,   Item 5 Film G399 Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
	L	CERTIFICATE OF DEATH		
MAS €		ECEASED-NAME First Middle Lost, 20. DATE OF DEATH 2b. HOUR		
9 8 9		Tranne 11 - Carrison - put 1 1963 1 Hg		
s offer	3. 5	S. DATE OF BIRTH 1886 O AGE (in years list under 1768 Months Days Hours Min)  Levelle 10/23 (1887) YRS.		
by the hours	70 cou	EIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH		
filled by paper.	6	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR		
vithin Vi		Marchester give street address) - new Marchester during most of warking life, even if retired) (MDUSTRY		
ecuted with completely ove corbor y event, will	13a adm	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Baltimuse alymphases NO 13b COUNTY Baltimuse alimphases NO 13b COUNTY Baltimuse		
xecu. rowe	14	FATHER'S NAME FIRST Middle Last AS MOTHER'S MAIDEN NAME FIRST Middle Lost		
be ex	1	Albort W Fuss MARGARET & Woods		
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled to by the aftertor, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 hours to be accordance.	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, prunknawn) (If yes give wor or dates of service) 2/9-20-3-1 Mande & Geint 24 Butter Rdad		
ng pl		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY		
ot the deoth cer the attending p asit permit. The motion, or remo		PART I. DEATH WAS CAUSE OF Caronary of trombours 12 days		
the c e att per prian		Canditions, if any, which gave) (b) arternovelenation I teart Present I'm		
equires that th physician. signed by the buriol-transit y burial, cremoti		nse to immediate cause (a) (b) DUE TO, OR AS A CONSEQUENCE OF		
rres d'Asicio Asicio ned l'iol-tr ial, c		lost. (c)		
require physics significant to bur	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		
endir endir s bee os th	CERTIFICAT ON	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING		
The rath of the hare	FRIE	YES NO ACCIDENT WAS UNDERLYING   21b, TIME OF INJURY   21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
rificat for for f Hec	MEDICAL	To ROMERISTRING CAUSE OF DEATH  HOUR A.M. Month Doy Year  If either, notify medical examiner)  P.M. 19		
HYSIC hospi s cert ached ept. o	WED	21d INVIEW OCCUPRED 21e PLACE OF INVIEW / AT HOME, FARM, STREET, FACTORY, 1 21f LOCATION Street or R.F.D. No. City or Town County State		
IG P the definition		While Not while at work at work () (thus hernited) extended the descreed from 3/2 to 19/6 to 19/6 that WT/(we) to		
NDIN Pd by Pd by Id be le Ste		22a. I certify that (1) (this haspital) attended the deceased fram 3/22, 1968, ta 4/4, 1968, that (1) (we) la saw the deceased alive on 4/6, and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated abave (1) (we) (did) (did nat) view the bady after death.		
ATTE Toke Should the	L	226 DATE SIGNATURE		
be re od w	1	WITO and MI DEGREE PHYS. DIRECTOR DIREC		
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by alirector, page 3 should be detached for use as the buriol-trop should be filed with the State Dept. of Health prior to burial, creating		22d. PHYSICIAN'S NAME (Type) W. It. FOATLM.D. 22e. ADDRESS NEET, Md. 21103.		
HOS age 4	23a			
5 5 5	24.	BENDYALS GORTY) April 11,68 Druid Ridge (emetery Pikesville, Md.  FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE		
VR A15 (4) 30M REV, 1/68	1	F. Eline & Sons Reisterstown, Md DATE APR 15 1968 Thanks July		
	-			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 35468 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admirston) o. COUNTY b. COUNTY DORSEY RUN-RA CARROLL MARYLAND requires that the death certificate be executed within 24 hours after c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate firmits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 4-10-68 1 4-21-68 SYKESTILLE JESSU d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS carban papers ON A FARM? DORSEY RUN SPRINGFIELD STATE HOSPITH L YES [ NO F 3. NAME OF First 4. DATE Year DECEASED CURLEY 1968 (Type of print) 21 LOSON DEATH IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** last birthday -2-03 DIVORCED 10a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? 1/3 CARPENTE MD 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME dec. CURL 7400-4 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN (Yes, na, or unknown) (If yes give war ar dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b)
PART I. DEATH WAS CAUSED BY burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave nse to immediate cause (a), DUE TO stating the underlying couse be retained by the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur o.m. at work L at wark 19\_\_\_\_, ta\_ , 19\_\_\_, that (I) (we) last 21 I certify that (I) (this hospital) attended the deceased from M, fram causes and on the date stated above saw the deceased alive on\_ \_19\_\_\_\_, and that deoth occurred at 22n. SIGNATURE 22b. DATE SIGNED ATTENDING M,D DIRECTOR PHYS PHYS. 22d ADDRESS 22c. PHYSICIAN'S ATRICIO NAME (Type) director, 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY/OR CREMATORS (County) (State) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



	MARYLAND STATE DEPARIMENT OF HEALTH				
**	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
	CERTIFICATE OF DEATH				
+ = ~ C =		ECEASED NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR			
dead	(	(ype or print) MARY FRANCES CUPTIS april Month goy year 5P M			
ater ater	3. SE	X   4 RACE   5. DATE DF BIRTH   6. AGE (In years   15 UNDER 24 HRS.   12/29 / 1905)   15 UNDER 24 HRS.   12/29 / 1905   15 UNDER 24 HRS.   16 UNDER 24 HRS.   16 UNDER 24 HRS.   16 UNDER 24 HRS.   17 UNDER 24 HRS.   18 UNDE			
_ S 7 2 S	70/2	SIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH			
Person Park	cour	W. SA . WIDOWED DIVORCED Carroll Md.			
ecuted within 24 completely filled gave carban page y event, within 7		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120. USUAL OCCUPATION (Kind of work done doring most of working life, event refined)  120. USUAL OCCUPATION (Kind of work done doring most of working life, event refined)  120. USUAL OCCUPATION (Kind of work done library)			
uted v implete ve cark	13a adm	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d NSIDE CITY LIMITS) 13e. STREET AND NUMBER 13b. COUNTY 13d NSIDE CITY LIMITS 13d NSI			
e exec and co remay n any	14 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost			
cate b sician please , and i	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no. or unknown) (If yes give war or dates of service) 2/8-36-042/Mrs Catherine Thomas University 41			
phy en en en		// / bookeduate narrous			
equires that the death certificate be exphysician. signed by the attending physician and burial-transit permit. Then please remburial, crematian, or remaval, and in an		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS (AUSED BY. IMMEDIATE CAUSE (o)  Gartes - Interval  12 hrs			
the d he att it perr		(Conditions, if ony, which gove)  DUE TO, OR IS A CONSEQUENCE OF  Conditions, if ony, which gove)  (A)  Meta-tatte  Cancernam  (injury)			
equires that physician. signed by t burial-trans burial, crem		rise to immediate cause (a), stating the underlying cause lost  (c) Cananara Oraliza Rt 1  (d) Cananara Oraliza Rt 1  (e) Cananara Oraliza Rt 1  (f) Cananara Oraliza Rt 1  (g) Cananar			
hysi gne uria		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT-NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)			
req ng p	]_				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.  Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to by the fundal director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Fages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, or remayal, and in any event, within 72 hours detached be defined.	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY?  YES NO CAUSES OF DEATH?			
ar or ar or use beath		216. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port   or Port 2, Item 18.)			
E TE SE	1 S	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year  [If either, notify medical examiner) P.M. 19			
PHYSI ne hasp this cer etachec Dept. c	MEDI	21d. INJURY OCCURRED While of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote			
NG terminate of the second sec	1	22a. certify that (1) (this hospital) attended the deceased from 3/30, 1963, to 7/7, 1963, that (H/V)(we) lost			
TEND ined I DR: Affauld I the S	ı	saw the deceased alive on 4/9/ 1962, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above (i) (we) (aid) (did not) view the bady ofter death.			
OR AI OR AI De reta OIRECT OIRECT She 3 she	l	226 SIGNATURE WINTERSTAND DEGREE ATTENDING MED DIRECTOR DIRECTOR PHYS. D 4/9/61			
PITAL F may I ERAL C or, pog d be fild		22d PHYSICIAN'S NAME (Type) Welt FOATH. N. D. 22e ADDRESS of 5 N. M. am St. 21/02			
HOS Figure 4	23a	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LDCAT DN (City or Town) (County) (State)			
5 5 5 2 7		Burla Specify) April 12,1968 Black Rock Cemetery Butler Balto. Co. Md.			
VR A15 M	All I	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE			
30M REV. 1768	1	Cipton - Eline Funeral Home Hampstead, Md. DATE APR 1 5 1968 Charles July			



_ 1	MARTLAND STATE DEPARTMENT OF HEALTH					
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
	CERTIFICATE OF DEATH					J . 17
E 61/4/		EASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
funeral Land	(1	be or print) LAURA	S. P.	INN	april Month 27 Day	15 18 250 M
offer d	B. SE	4. RACE	S.	DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	L	FEMALE IN.	417E .	MAY 21,1	887 SC YRS.	MONTHS DAYS HOURS MIN.
by by	7a	RTHPLACE (State or foreign 7b. CITIZEN OF WHA	HUMAKILU		COUNTY OF DEATH	
equires that the death certificate be executed within 24 hours physicion. signed by the attending physician and completely filled in by the buriol-transit permit. Then please remove carbon papers. Pagburiol, cremation, or removal, and in any event, within 72 hours.	con	2014-11/16/86 18111 - UT	SC. WIDOWED Z	DIVORCED	PARROLL, CD.	Md.
hin 24 filled i popel thin 72			AE OF HOSPITAL OR INSTITUTION (If nat	in haspital 12a. USUAL	OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
with with bon with		ESTMINSTER GIVES	eet address) ADCOLL CO. GET	V. HOSPT HO	of warking life, even if retired.)	INDUSTRY  EAM CTREST
od v	13a.	SUAL RESIDENCE (Where deceased lived, if institution	n: Residence before 13c. CITY OR TO			
ecuted complet complet ove cor	odm	ian) STATE MARYLANDS COUNTY	NRROLL WESTER	NSIER YES NO	191 DAUID	1107
e executed with ond completely remove corbon in any event, wit	14.	THER'S NAME First Middle	Last 15. /	MOTHER'S MAIDEN NAME Firs	t Middle	Lost
be on		HENRY J.	STEINKAMA	ELFANDER	KEUSOR	
ertificate be physician a nen please ioval, and in		VAS DECEASED EVER IN U.S. ARMED FORCES?		ORMANT	Address	123/14/18/18 N
ifice if	'	, no, or enknown) (I) yes give war or dates of service)	215-05-62/14/	ORS DALLA	YOUNG NEWWIN	DEOR KOND, D
he death certific attending phys permit. Then p		B. CAUSE OF DEATH (Enter only one couse per line	for (a), (b), and (c))		7	APPROXIMATE INTERVA. BETWEEN DISET AND DEATH
ath it. idi		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerebral	Thrombo	24-2	DETITION OF A SHOULD BEATT
ne death attendi permit. ion, or n		44 6 7 7	A CONSEQUENCE OF			
the control of the co		onditions, if any, which gave )	A CONSCIOUNCE OF			
hot .r. y # y #		ise to immediate cause (a), DIF TO OP AS	A CONSEQUENCE OF	<u> </u>		
t significant de branch de		toting the underlying couse DUE 10, OR AS	N CONSCRIBENCE OF			
equires that the physician. signed by the burial-transit p burial, crematia		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR (OI	NDITION GIVEN IN PART I(n)	
9 P P P P P P P P P P P P P P P P P P P		∴	TO TO DESIGN OUT HET REDIED TO	THE PERSONNE DIGINAL WILLIAM	1(4)	
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The I after has been see of the pri	CERTIFICAT			YES NO	CAUSES OF DEATH?	
t: The ort of the ha		TO ACCIDENT WAS UNDERLYING   216 TIME OF	INDIRY 21c HOW		noture of injury in Port 1 or Port 2, I	tem 183
IAN tal o ficot for for free		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.	Month Doy Year	TIDOTT DECOMILED (LINOT)	to the state of th	10-3
Spii Sspii S	MEDICAL	If either, notify medical examiner) P M 21d INJURY OCCURRED 21e PLACE OF INJURY (	T HOME FARM STREET FACTORY 1 21F LOCA	T-ON Street or P.F.D. Ma	City or Town	County State
DING PHYSICIAN: The law reby the hospital or attending lifter this certificate has been be detached for use os the State Dept. of Health prior to		While Nat while twork	AT HOME, FARM, STREET, FACTORY ) 215 LOCA OFFICE BUILDING, ETC.	THE WAY DIES	thy the jown,	egosts. Santo
MNG by ti fter fter be d	1	22a. I certify that (1) (this haspital) attersaw the deceased alive on	ded the deceased fram	port 24, 196	8, to april 27, 196	P, that (I) (we) last
A P P P P P P P P P P P P P P P P P P P		saw the deceased alive on	27, 196 8, and	that in (my) (aut) apıni	on death accurred on the dat	te and hour and fram the
Lie South		couses stoted obove, (I) (we) (did) (	ud not) view the body differ de	arn.	00- 0	ATE SIGNED
Will Will	1	22b. SIGNATURE	And HAD DEGREE	ATTENDING MEL	). C STAFF C	IATE SIGNED
o a a a a a a a a a a a a a a a a a a a		2d PHYSICIANS	M. P. DEGREE	PHYS. DIR	ECTOR L PHYS L	15 1/18
Poge 4 may be retained by the hospital or attending physicion.  O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, creating the state Dept.		NAME (Type) SOHN S.	HARSWEY MO	Jan AUDRESS	ho Al. With	month and
HOS Gule 4	23 o.	BURIAL, CREMATION, 236 DATE	230 NAME OF CEMETERY OR CE	REMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 5 E	1	REMOVAL (Specify) 4/30/68	WEW CATHEL	DRALCEM	BALTIMORE C	ITY MD.
VR III TO HE	24	INERAL DIRECTOR	ADDRESS	2So. RECD BY	REGISTRAR 2SB REG STRAR'S S	SIGNATURE
30M REW 1/68		E. Z. Milk, h. 1/14	stranding m	- DATE APR	30 1968 Jelia	red Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Last First Middle 2a. DATE OF DEATH 2b. HOUR The law requires that the death certificate be executed within 24 häurs after death (Type or print) J. BLAINE **EDMONDSON** Month 68Year Ъ 0 A. N 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years IF UNDER 1 YEAR last birthday) Male White April 24, 1886 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED X NEVER MARRIED U.S.A. Maryland Carroll WIDOWED | DIVORCED [7] ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working its even if retired)
Welldriller give street address) INDUSTRY please remave carban Finksburg Route 1 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY HM-TS? 13e. STREET AND NUMBER 13b. COUNTY Carroll Maryland NO T YES [ ] Finksburg Route 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Lost M. ddle Alford Edmondson Josephine Brothers 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT AddresSame As #13 Yes no or unknown) (If yes give war or dates of service) crematian, ar remaval, 218-14-4799 Mrs. Margaret A. Edmondson 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gove ) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSPONDE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been the 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) 215. TIME OF INJURY for OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, not fy medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town State County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 2 , 1940, to 4 , 22b SIGNATURE directar, page 3 >shauld be filed v DEGREE DIRECTOR 22d. PHYSIC AN NAME OF CEMETERY OR CREMATOR 23d LOCATION (City or Town) 23b. DATE 23a BURIAC, CREMATION, (County) (State) 4/12/1968 Providence Md. Gamber Carroll 24. FUNERAL DIRECTOR ADDRESS 2Sg. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE C. M. Waltz, Box 241, Sykesville, Md. Milarley Judge DATE DO 1

MARYLAND STATE DEPARTMENT OF HEALTH

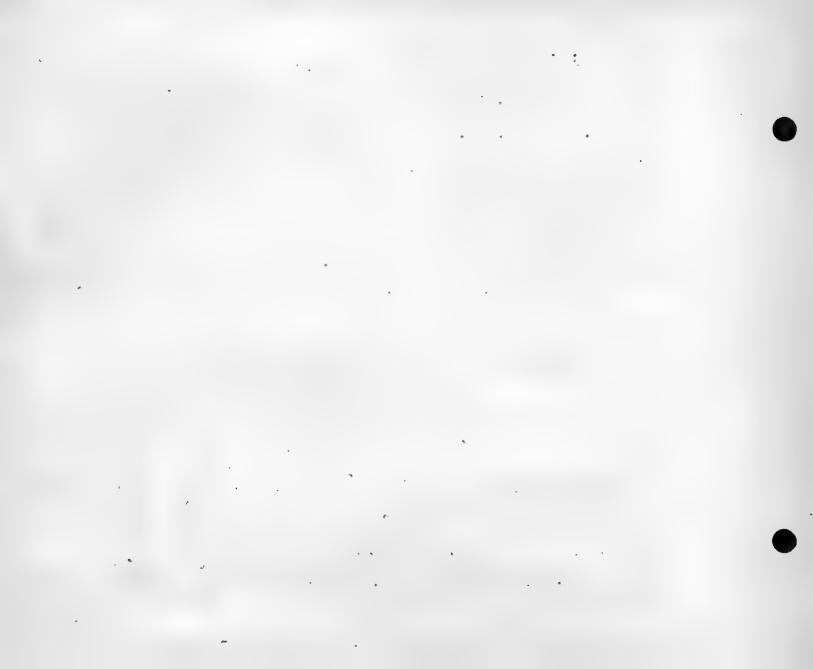




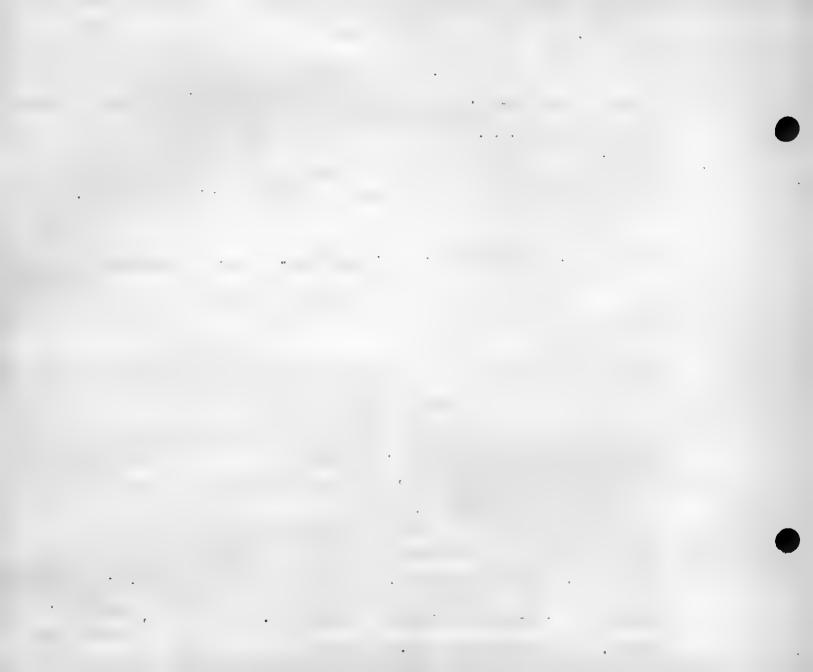
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 05473 CERTIFICATE OF DEATH 2a. DATE OF DEATH 4 Month 29 Day DECEASED NAME M'ddle Last 2b. HOUR First requires that the death certificate be executed within 24 hours after death (Type or print) JOHN A. ESWORTHY 6. AGE (In years last birthday) 3. SEX 4. RACE S. DATE OF BIRTH IF JINDER 1 YEAR IF UNDER 24 HRS Male Whit Oct. 19,1904 the attending physician and campletely filled in by sit permit. Then please remave carbon papers P 76, CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED | NEVER MARRIED | country) Maryland U.S.A. WIDOWED X DIVORCED | Carroll ar remaval, and in any event, within 72 16. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
Retired - Game Fari INDUSTRY Sykesville Mgr. 13a. USJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATEMaryland 13b. COUNTY NO S Carroll R.D. Svkesvill 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First M ddle Last Middle John Esworthy Meda Gaver 16b. SOCIAL SECURITY NO 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, ownknown) 214-20-1585 Mr. Same John L. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) burial-transit permit. Conditions, if any, which gave ) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? far use YES 🗌 NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R F.D. No. State City or Town County While Not while at work 22a I certify that (I) (this haspital) attended the deceased from Dec 19, 1964, ta ## 29, 1968, that (I) (we) last saw the deceased alive on Jan 1968, and that in (my) (our) opinion death accurred on the date and hour and from the causes stoted above, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR STAFF DEGREE PHYSICIAN'S 22e. ADDRESS NAME (Type) director, should by 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, 23b. DATE 23d LOCATION (City or Town) (County) (State) Lakeview Mem. Gardens Carroll Md. 2Sq REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Waltz, Box 241, Sykesville, Md. 30M REV. 1/68 DATE



1	1	MAKTLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	, y
HEALTH DEPT.		DECEASED NAME First Middle Lost 20. DATE KNOWN Month	Doy Yeor 2b HOUR
is to on the six		W. TAINLEY, SK, DEATH MATED 7	10 168 755 W
delay	3 5	Male White Nov. 11, 1939 28 YRS Will HOURS WIR Month 4 Doy /C	Year 1068 21 BOUR
2		BIKIHPLACE (Stote or foreign   76 CITIZEN OF WHAT COUNTRY? , ] 8. MARRIED NEVER MARRIED   9. COUNTY OF DEATH	
2 2 9	1	Penna. U.S.A. WIDOWED DIVORCED Carroll,	Md.
Give Poges ong with for ith the State	10 (		126 KIND OF BUSINESS OR INOUSTRY
after 8 Giv alang with 1	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d NSIDE CITY LIMITS? 13e STREET AND NUMBER	
hours afte Item 18 G Office atan Iond 2 with		drussion) STATE Maryland County Carroll Woodbine YES NO IX	
t hours Item 18 Office Tond2 v	14. F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	£0\$\$
hin 24 ncil in niner's poges hours	160	Carl Faidley Audra  WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	Myers
nthir senci amin a po 2 hc		(es. no. or unknown) (Hyas give war or detes of sorvice) 212-38-5506 Mrs. Gloria Jean Faidley	Same As #R
VER: This certificate should be executed within 24 hours after death certificate, writing the word "pending" in pencil in Item 18. Give Paginould be forworded to the Chief Medical Examiner's Office along with les. should be used as a buriol-transit permit. File pages land 2 with the Station, or removal, and in any event within 72 hours after death		18. CAUSE OF DEATH (Enter only one couse per boryor (o), (b), and (c).) PART I. DEATH WAS CAUSED BY  MMEDIATE CAUSE (o)  MEDIATE CAUSE (o)  MEDIATE CAUSE (o)	APPROXIMATE INTERVA, BUTTEEN ONSET AND DEATH
execendir Medit per		DUE TO, OR AS A CONSEQUENCE OF	ALLEGICAL.
be hief hief hief ansi		Conditions, if only, which gove trise to immediate course (a), (b)	
ould word he C iol-tr		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she when to the burn do in		lost. (c)	
ficate ing t ded ded as o as o I, and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(0)	
writi worn worn sed oval	CERTIFICATION	190 DATE OF OPERATION 196 COND TION FOR WHICH OPERATION	20. AUTOPSY?
his certi ate, writ e farwo be used r remova	STIFIC	WAS PERFORMED?	YES NO
MNER: This of the certificate, 4 should be for ritles.  B 3 should be used a should be used the should be used to remember the should be used to remembe the should be used to remember the should be used to remember th	MEDICAL CER	210 EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING   21b TIME OF INJURY Mouth, Doy, Year HOUR A.M. P.M. 4-1C 19 (S. Trace La Cill Plat for Contribution)	n IB)
MIN the the 3r fire and send	WE	21d INJURY OCCURRED  21e PYAGE OF IN. RY (At home, form, street  AT WORK AT WO	County State
:AL EXA execute or. Page of for you TOR: Page urial, cre		22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection X. Inquiry	and in my apinion
director.		death resulted fram Natural causes Accident X, Suicide , Hamicide , Undetermined manner	
please direct. President of to be to		ACTUAL ( LIVER MEDICAL EXAMINER	
		SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SI	GNED (S)
o DEPUTY SICA necessory, please ethe funeral director 5 may be retained O FUNERAL DIRECT Health prior to bu		EXAMINER'S NAME (Type) W. Glenn Speicher M.D. Addresstriger Manus ground struck	the Expall
5 = 1 × 5 = 0	230.		County) (Shart)
at	24	Burial 4/13/1968 Morgan Chapel Carro  FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25 BIR GSTRAR 5 SI	Oll Md.
VR ATSME (S)	C		les Jusque



9 1	1	MARYEAND STATE DEPARTMENT OF HEALTH  OF 173 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5475
HEALTH DERT		ECEASED-NAME First Middle Lost 20 DATE KNOWN Month D	oy Yeor 2b HOJR
delay is and 3 to W.3. Page		Type or Print)  JOHN ANDERSON FOSSON  OF EST APRIL	
d 3	3. 5	EX 4 RACE S DATE OF BIRTH 6 AGE (n years 15 UNOFF YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HQUR
PM3.		Male White 10-12-11 56 YRS APRIL 26-196	8 19 2 55A M
20 67		BIRTHPLACE (Stote or foreign 75. CIT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED \$\infty\$ 9 COUNTY OF DEATH	
te for	1001	West Virginia U.S.A. WIDOWED DIVORCED Carroll	M
hours after death  Item 18. Give Pages 1,  Office along with farm tand 2 with the State De  after death.		TTY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  Wesville	26. KIND OF BUSINESS OR NDUSTRY
ive ive	1	Springfield State Hospital Roofer	IDOUTK!
s after 18. Given along along the standard along death.	130		A
hours Item 18 Office I and 2 after d	14	dmission) STATE Maryland 13b Count timore City Baltimore XXXX NO X 3021 Guilford ATHERS NAME First Middle Lost IS, MOTHERS MAIDEN NAME First Middle	
	14, 1	Reduction of the second of the	Lost
hin 24 not in niner s pages   hours	160	Lewis Fosson Lillian  WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	Worthingto
		es, no, of unknown) 19(42-1946 235-05-7773 Records, Springfield State Hospi	+-7
Example File	H	18. CAUSE OF DEATH (Enter only one couse per vine for (o), (b), and (c))	APPROXIMATE INTERVAL
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be e ii jeel iief ii nsit		Conditions, if ony, which gove 1	
word word the Ch rial-tra		rise to immediate couse (a), (DUE TO, OR AS A CONSEQUENCE OF	
		lost. (c)	
is certificate she, writing the value of farwarded to the used as a bur removal, and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
writing the rwarded the rwarded to resed as a rooval, and	N N		
te, writin farward farward e used a: remavat,	I S	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
C = 0	CERTIFICATION		AEZ NO 🗆
		216 EXTERNAL CAUSE WAS PRIMARY DOR CONTRIBUTING 1216 T ME OF INJURY Month, Doy Yeor PRIMARY DOR CONTRIBUTING 1216 T ME OF INJURY Month, Doy Yeor Apparently fell out of bed in wha	t appeared to
EXAMINER: 1 ute the certification on the should be your files. Page 3 should it, cremation, as	MEDICA.	1 (AUSE OF DEATH (9:10) P.M. 4-45-1700   he got guns	
	2	WHILE CONDT WHILE TO foctory, office building, etc.) I Ward.	County Mary Lan
L EXA ecute Page or yal R: Pag al, cre		AT WORK AT WORK Men's Group Springile do tate Hospital, Sykesvi	
× . ~ o =		220. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry .	ond in my opinion
Sine certo inec		deoth resulted from Noturol couses , Accident N, Suicide , Homicide , Undetermined monner	_
please I director retainer or to b		ACTUAL AC	PMED /
nry, ple erol d be ret RAL D prior		STORAGE STORAG	6.68
o DEPUTY SICA necessary, please e the funeral director is may be retained o FUNERAL DIRECT Health prior to bu		NAME (Type) W. Glenn Speicher, M. D. Alons Spring of the property of the speicher of the speic	to I'm a
O DEPUTY The funer S may be O FUNERA	230	BURGAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d IOCATION (City or Town) (C	ounty) //(yate)
- ARD		Burial 4-30-1968 Baltimere National Cem. Baltimere, Mary	
(1)	24	FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 25b REGISTRARS S C	
VR AT 5ME (5) 10M REV 1/68	Ge	eorge J. Gonce-4001 Ritchie Hgwy., Baltimore DATE MAY 2 1968	Las Des



_ 1		05474		301 W. PRESTON STREET, BALTII CERTIFICATE OF DEATH	MORE, MARYLAND 21201	. * *7 6,
death.		ECEASED-NAME First Type or print) JAMES	Middle Larl FVL R	Last	20 DATE OF DEATH Month Day	
affer some	3. SI		4 RACE White	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
24 hour de la	caui	BIRTHPLACE (State or foreign http:// Kansas	75 CITIZEN OF WHAT COUNTRY? USA	WIDOWED DIVORCED	Carroll	Md.
within 2 san pap ban pap	3	TY OR TOWN OF DEATH ykesville	11. NAME OF HOSPITAL OR INS give street address)	old State Hosp	OCCUPATION (Kind of work dane staf working life, even if retired) MISSIONARY	12b. KIND OF BUSINESS OR INDUSTRY
physician and campletely filled in place and in any event, within 72 h	13a. adm	USUAL RESIDENCE (Where deceosission) STATE	sed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LM YES ▼ NO		?venue
be exc n and or se rem d in any	14. 1	FATHER'S NAME First OSCAT Fov		is. Mothers maiden name fir Mary Door	and the same of th	Lost
tificate hysicia n pleas val, an	160.	WAS DECEASED EVER IN U.S. ARI 'es, no or unknown) (It yes give w	MED FORCES?  var ar decles of service)  W T 16b. SOCIAL SECURITY I	NO. 17 INFORMANT 230A Records, Spring	Address gfield State Hosp	
equires that the death or physician. signed by the attending burial-transit permit. The		PART 1. DEATH WAS CAUSE IMMEDI.  Canditions, if any, which gave rise to immediate cause (a) (stating the underlying cause lost. 3 2 X	DUE TO, OR AS A CONSEQUENCE OF  (b) CONSEQUENCE OF  (c) NOTIONS CONTRIBUTING TO DEATH BUT NO	circulatory con ranentar a e e o	NOTION GIVEN IN PART I(0) Digitals	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  9 hours
The law re r attending e has been use as the lith priar ta	CENTIFICATION	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	REFORMED 200. AUTOPSY?  YES NO X	20b IF YES, WERE FINDINGS OF CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
HYSICIAN: hospital a is certificate ached far lept. af Hec	MEMICAL C	21a. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEA' (If either, notify medicol exomi  21a. INJURY OCCURRED  While Not while  at work at work	TH HOUR A.M. Month Doy Year ner) P.M.	21c. HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2, I	County State
may be retained by the hospital ar attending RAL DIRECTOR: After this certificate has been, page 3 shauld be detached far use as the be filed with the State Dept. af Health priar ta		22o. I certify that (I) (the sow the deceased a causes stated above	is hospital) attended the deceose live an him 30 1 e, (1) (we) (did) (did not) view the	ed from 19. 19. 9.8, and thot in (my) (our) opin body after deoth.		
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far usely and be filed with the State Dept. af Healt		22d. PHYSICIAN'S NAME (Type) AN ASTA	tull, m. p. sio M. Castiello	22e. ADDRESS	D. STAFF PHYS. X 22c   RECTOR D PHYS. X 21c   RECTOR D STAFF X 22c   RECTOR D PHYS. X 22c	DATE SIGNED  10 30, 1968
TO HOSPITAL Page 4 may TO FUNERAL I director, pag	23c.	DUDIA CREMATION 22h	DATE 23c NAME OF FORT ]	CEMETERY OR CREMATORY Lincoln Cremator	22d LOCATION (City or Town)	(County) (Conso)
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR	H Owings Mills	2Sa RICARY	REGISTRAR 25b. REGISTRAR'S	SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last requires that the death certificate be executed within 24 hours after death. 2a. DATE OF DEATH 2b. HOUR (Type or print) Day Yeor Florina MMN Garner 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last buthday) MONTHS ] DAYS Female Negro 1-26-05 signed by the ottending physician ond completely filled in by burial-transit permit. Then please remove corbo 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) buriol, cremation, or removal, and in any event, within 72 h Carroll WIDOWED [ DIVORCED [ Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Syresville Springfield State Hospital

130 USUAL RESIDENCE (Where deceased lived, if instriction Residence before 13c CITY OR TOWN 13d in admission) STATE Maryland 13b. COUNTY Balto. (12) Baltimore YES Sykesville Housewife 13e STREET AND NUMBER admission) STATE Maryland Baltimore YESE NO 3308 Auchentoroly Terrace 14. FATHER'S NAME 15. MOTHER 5 MAIDEN NAME First Middle Lost Agnes Smothers Eugene Hollev 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Addresvkesville Maryland Yes, no, or unknown) (If yes give wer or dates of service) 220-22-9680 Springfield Hosp. Records APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pulmonary Embolus IMMEDIATE CAUSE (o) \_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave a Primary site undetermined rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 465 X FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO F YES X 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUT NG CAUSE OF DEATH HOUR A.M. Manth Day Year (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Not while at work 22a. I certify that (1) (this hospitol) ottended the deceosed from 8-28-67, 19, tasow the deceased alive an 19-20-68, ond that in (my) (aur) apinian dea \_, and that in (my) (aur) apinian death accurred an the date and hour and from the couses stoted obave, (i) (we) (did) (did not) view the body after death 22b/SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) Gracite V.Patricie, M.D. Sykosville. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b DATE (State) Baltimore, Maryland Arbutus Memorial Park 4-25 -68 24. FUNERAL DIRECTOR ADDRESS Charles R. 802 Madison Ave., Balto., Md. 30M REV 1/68 Law

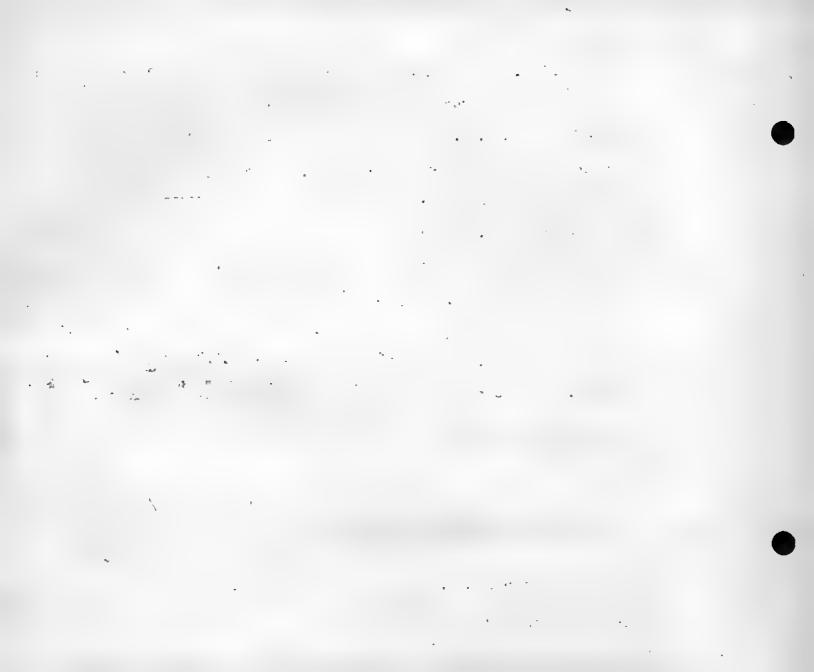


	21	1275	DIVISION OF		BRTIFICATE O		IORE, MARYLANI	21201		
de d	1. DECEASED NA (Type or prin	ME First	Paul	Middle	Gone		2a. DATE OF DEATH	yfin Day	Year 8	2b. HOUR
the ur oges	3. SEX Male		4. RACE	hite	S. DATE OF Jan.	f birth 30, 1894	6. AGE last b	fun Logis		UNDER 24 HRS, OURS MIN.
_ h &c 2	7a BIRTHPLACE COUNTY NOW	(State or fareign	75. CITIZEN OF WH		leaned.	VORCED [	COUNTY OF DEATH			Md.
	10. CITY OR TON	nster	give st	treet address area	ITUTION (If not in hospitell CO. Gen	al 12a USUAL during most	OCCUPATION (Kind of	Tovenne	12b. KIND OF BUS INDUSTRY	JINESS OR
complet bye car	13a USUAL RES admission) ST	ATE Md.	sed lived, if institution 13b. COUNTY	Balto. /	ix. city or town Reisterston		☐ Rt.	NUMBER 2		
n ond se rem	14. FATHER'S NA	Jay	Middle	Gore		MAIDEN NAME Firs	t	Middle M.	Hipsle	Last 24
physician or physician or physician or please now or	160. WAS DECE Yelding gru	ASED EVER IN U.S. AR	MED_FORCES? year or dates of service)	165 SOCIAL SECURITY N 212-32-492	6 Mrs. D	onothy B.	Gore Re	Address isterst		
th c	18. CAUS PART	I DEATH WAS CAUSE	nly ane cause per fine D BY. ATE CAUSE (a)	e far (a), (b), and (c)) $EREBR$	AL THE	eom Bos	15 =		APPROXIMATE BETWEEN CINSET  13 DK	
that the dear an. by the ottenc tronsit permit cremation, or	Canditian	s, if any, which gave mediate cause (a),		S A CONSEQUENCE OF REC	ENT E	XTENSIO	N			•
45 - 7 5	stating th	e underlying cause	(d) 4		ISIVE + A			00 DIS	YER	rs_
w requires ling physic sen signed the buriol,	7/1/	3 XAV	Chrosci	ELOTIC	T RELATED TO THE TERM	Pise	ASE			
AN: The law re all or attending cate has been or use as the Health prior to	RIFIG			CH OPERATION WAS PER	YES	1	CAUSES OF DEA	IH?	NSIDERED IN CERT	FYING
2244	OR CONT	DENT WAS UNDERLY!! R BUTING CAUSE OF DEA natify medical exam	TH HOUR A.M.	Manth Day Year 19			ature of injury in Par			
S PH' the h this detac	While at work	ot work			ORY.) 21F LOCATION S	,	City ar Tawn	,	Caunty	State
ATTENDING etoined by CTOR: After should be	22a. 1 c	<b>ertify</b> that (1) (t) v the deceased c uses stated abov	nis haspital) atte plive an e.(1) (we)(did)(	nded the decease did nat) view the b	d fram. 4-/ 28, and that in adv after death.	(my) (aur) apıni	an death accurre	<u>4.50</u> , 19 <u>6</u> d an the date	and haur and	(we) last d fram the
OR ATTENION DE retoined SIRECTOR: A should be directory.	22th STGNI		ocas ,	A.11.	(6)	NDING MED	D. STAFF	22c D4	TE SIGNED	j-
	22d. PHY	DETÁN'S E (Type)	(		22e. i	ADDRESS				
TO HOSPITAL Poge 4 moy TO FUNERAL director, pog	230 BURIA., CI BUREMOYA		DATE 24 3, 1960	8 All Sa	emetery or cremator		23d LOCATION (City of Reister	stown, i	(County)	(State)
VR A15 30M REV 1768	24, FUNERAL D	Fline & So	ons Reis	terstoun,	McL.	DATE MAY	2 1968 <sup>sb</sup>	REGISTRES	STATURE JAMA	pr.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 5479 CERTIFICATE OF DEATH **DECEASED-NAME** Middle Last 2a. DATE OF DEATH 2b. HOUR A The law requires that the death certificate be executed within 24 hours after death. death (Type ar print) the attending physician and campletely filled in by the funeral sit permit. Then please remove carbon papers. Pages 1 parts nation, or removal, and in any event, within 72 haurs after deat WILLIAM THOMAS GREER 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR last birthdoy) MONTHS ZYAO Male 06/18/10 Caucasian 70 BIRTHPLACE (State of foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED MEVER MARRIED U. S. A. Carroll DIVORCED TIC WIDOWED 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Springfield State Hosp. during most of working life, even if retired ) INDUSTRY Sykesville burial, crematian, or removal, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13P COUNTY NO X altimore Monkton 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Last Blanche G. Greer Fannie Fralia 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) none Hospital Records APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) signed by the attendit Conditions, if any, which gave ) DUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (a) stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 160) the nervous system CBS assoc. with Trauma, following other trauma, with psychotic react. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH as the prior to b After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a AUTOPSY 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? director, page 3 should be detached for use should be filed with the State Dept. of Health 21c. HOW INJURY OCCURRED [Enter noture of injury in Port 1 or Port 2, Item 18] 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not white at work 22a. I certify that (4) (this haspital) attended the deceased from 10/27 , 19/19 , to 1/3/, 19/68 , that (1) (we) last saw the deceased alive an 1/3/ 19/68 , and that in (20) (aur) apinian death accurred an the date and hour and from the causes stated above (1) (we) (did) (did) (did) (view the bady after death. 22b SIGNATURE 22c. DATE SIGNED MED DIRECTOR STAFF PHYS. 1/3/68 DEGREE 22e, ADDRESS PHYSICIAN'S Suha Ozgun, M. D. NAME (Type) Springfield State Hospital 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL, CREMATION (County) (State) REMOVAL (Specify)
Burlal Floyd, Virginia Cannaday Cemetery Apr. 5, 1968 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR Wm. Cook-Brooks Towson, 1050 York Rd, Towson, VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 004811 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2n. DATE OF DEATH he law requires that the death certificate be executed within 24 haurs after death. (Type or print) BENJAMIN ( NMN ) GUTIN 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years lost birthday) MONTHS ! 05/08/13 Male the attending physician and completely filled in by the sit permit. Then pleme remove carban papers. Page nation, ar removal, and in any event, within 72 haurs a Caucasian YRS 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED 4 Russia U.S.A. (Naturalized VIDOWED D)VORCED Carroll 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Springfield St. Hospital during mast of warking life, even if retired.) INDUSTRY Sykesville 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 1/13c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY YES X NO 2201 Lynbrook Ave. Balto. City 14 FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Last Leon Gutin Mollie Milamudr 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na. ar unknawn) burial, cremation, ar removal, Hospital Records none APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Acute Coronary thrombosis myocardial infarction IMMEDIATE CAUSE (o) minutes DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit rise ta immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 16/Schizophrenic reaction, catatonic type Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED. 19n. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [ NOVENDE 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 23h. TIME DE INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 210 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. City or Town County State While Nat while at wark 22a i certify that \$\) (this haspital), attended the deceased from 7/31 , 19 46 , ta 11/3/ , 19 68 , that (15(we) last saw the deceased alive an 14/3/ 1968, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, \$\) (we) (did) (\$\) (\$\) (\$\) (aux) of the bady after death. 22c. DATE SIGNED 22h SIGNATURE **ATTENDING** 4/3/68 DEGREE PHYS. DIRECTOR 22e. ADDRESS PHYSICIAN'S Suha Ozgun, M. D. NAME (Type) Springfield State Hosp. 23d LOCATION (City or Town) 23a. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY (State) mins Hebrew Com Windsor mill Ra 2Sa, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH . DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. death (Type or print) Month signed by the ottending physician and completely filled in by the funeral bariol-transit permit. Then please remove carbon papers. Pages 1, and busiol, cremation, at removal, and in any event, within 72 hours offer deat L. Arthur Haines April 4 RACE 5. DATE OF BIRTH IF JNDER 24 HRS. 3. SEX 6 AGE (In years IF UNDER 1 YEAR lost birthdoy) male white June 4. 1905 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or fore'an 9. COUNTY OF DEATH 8 MARRIED 🔼 NEVER MARRIED country) Maryland U.S.A. WIDOWED | DIVORCED [ Carroll 10, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Rural -- Woodbine give street address) NOUS SE 130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LUMITS? 13e. STREET AND NUMBER odmission) STATE Maryland3b. COUNTYCarroll NO 🔽 Rural -- Woodbine 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Lost Lost Levi Haines Amanda Jenkins 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address 215-14-1997 Yes, no prynknown) (If yes give war or dates of service) Mrs. Evelyn Haines same as #13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Arteriosclerosis generalized, hypertension. BETWEEN ONSET AND DEATH 1964 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) through (b) Arterioclerotic heart disease, C V A. rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF 4/26/68 stoting the underlying couse (c) Coronary thrombosis and cardiac arrest PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been os the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO | detached for use te Dept. of Health p 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 1964, 19, ta April 26, 1968, that (I) (we) last saw the deceased glive an April 26, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the 3 should I with tile 5 causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22¢ DATE SIGNED ATTENDING PHYS. MED DIRECTOR STAFF PHYS. Epril 26, 1968 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Howard E. Hall, M.D. Sykesville, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) 23a. BUR-AL, CREMATION, (County) (Stote) Winfield church of God, Carroll Co Md
ADDRESS 1250 RECD BY REGISTRAR 250 REGISTRAR'S SIGNATUR 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) C.M. Waltz, Box 241, Sykesville, Md. 30M REV. 1/68



1		MARYLAND STATE DEPARTMENT OF HEALTH	
-		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	L	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy Year 2b HOU	JR.
× \$ 8 €	'	Type or Print) MAMNIE SOUHIA HAINES DEATH MATED 4-16 168 25	M
deloy and deloy	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (n years 15 UNDER 74 HES 2c DATE PRONOUNCED DEAD 2c HO	JR
		F W 5/6/1895 1054 pirthology MONTHS DAYS HOURS MIN. Month 4 Day 16 Year 1968 45	M
and		BIRTHPLACE (Stote or foreign 76 eTIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
E E E	tau	MIN) () S. MARYLAND WIDOWED DIVORCED (ARROLL	Md.
INER: This certificate shauld be executed within 24 hours after death e certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm files.  3 should be used as a burial-transit permit. File pages land2 with the State Deation, or remayal, and in any event within 72 hours after death.	10	OTY OR TOWN OF DEATH  II NAME OF MOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) INDUSTRY	
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75 cm 18 cm 12 v 2 cm 12 v 2 cm 12 c	$\square$	MARYLAND CARROLL DAYIONIARIDGE TO A MO DI DI DINIAN 21	_
hours Item 18 Office o	14, 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost	
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hin 24 ncil in niner's pages haurs		WAS DECEASED EVER IN L. S. ARMED FORCES?  165 SOCIA. SECURITY NO 17 INFORMANT  ADDRESSY  ADDRESSY  ADDRESSY	,
within pencil Examine File page		NO NO X20-18-0530WIRSCATHERINE MYDE UNION DRIDGEN	4
be executed v "pending" in nief Medical Ex nnsit permit. Fi event within		BEAUSE OF DEATH (Enter only one cause per negloy (o), (b), and (c)) PART I. DEATH WAS CAUSED BY  APPROX MATE INTERVAL BEXIMEN ONSET AND DEATH  OF THE PART I. DEATH WAS CAUSED BY	
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NER: Ti certifice hould briles. should is		2 o. EXTERNAL CAUSE WAS 21b T ME OF INJURY Month Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18)  PRIMARY OR CONTRIBUTING 1	
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<b>≇</b> <del>1</del>	a.	21d INJURY OCCURRED 21e PLACE OF INJURY (At name, farm, street, 21f LOCATION Street at R.F.D. No. (ity or Town County State white more white mo	1
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		22a. I certify that I taak charge of the remains described abave, held an Autopsy 🔲, Inspection 🔀, Inquiry 🔲, and in my opinic	on
please e director retained. DIRECT or to bu		death resulted from. Notural couses Accident, Suicide, Hamicide, Undetermined manner	
please I direct retaine		ACTUAL REPORT OF THE MEDICAL EXAMINER TO THE SIGNED	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 23201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2o. DATE OF DEATH First requires that the death certificate be executed within 24 haurs after death. (Type or print) Hattie Elizabeth Hall 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years last birthday) MONTHS DAYS Sept. 15,1888 White 79 Female burial-transit permit. Then please remove corbon papers. Pay burial, cremation, or removol, ond in any event, within 72 haurs 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) completely filled in Maryland WIDOWED IT DIVORCED [ Carroll IISA 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done IT NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR give street oddress)
Springfield State during most of working life, even if retired.)
Housewife INDUSTRY Sykesville 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c, CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13h COUNTY Raltimore 14. FATHERS NAME Middle Last IS. MOTHER'S MAIDEN NAME First Lost Earhart unk. 16g. WAS DECEASED EVER IN ILS. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, pr unknown) (If yes give war or dates of service) 213-05-9851-B Springfield Hospital records, Sykesville unk. IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove ) ARDIOVAS CULAR DISEASE rise to immediate couse (a). signed by 1 stating the underlying couse( lost 43 35 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CBS associated with cerebral arteriosclerosis without qualifying phrase FUNERAL DIRECTOR: After this certificats has been irector, page 3 should be detoched for use as the 3 should be detoched for use as the with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20p. AUTOPSY? CAUSES OF DEATH? YES [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, natify medical exominer) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County White Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from Oct. 7. , 19.66., to Apr. 19,1968., that (K (we) lost saw the deceased clive an Apr. 1 19.1968 and that in (nk) (our) opinian death accurred an the date and haur and from the causes stoted above, (I) (we) (did) (did not) view the body efter death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR STAFF director, page 3 should be filed v DEGREE 22d. PHYSIC.AN'S 22e. ADDRESS NAME (Type) Paul G. Ensor - M.D. Springfield State Hospital. Sykesville 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE (County) BEMOVAL (Specify) Stabler's 2Sb REGISTRAR'S SIGNATURE 25g, REC'D BY REG STRAR VR A15 (4) 30M REV. 1/68 DATE



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ND NG P P P P P P P P P P P P P P P P P P		saw the deceased ali	ve on 140/1/3	9 60, and that in (my) (awr) an	inian death occurred an the do	te and havr and fram the
Solution H			(I) (we) (did) (did not) view the	body after death.		DATE CLOSED
R A REC		22b. SIGNATURE	610 1 V18	DEGREE PHYS	AED. STAFF .	DATE SIGNED
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VR A15 (4)	24.	FUNERAL DIRECTOR	10 0 1 254 ADDRESS	E-MAINS 250. RECDI	BY REGISTRAR 256 REGISTRAR'S	SIGNATURE
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			(ype ar print)	d. B.	2/0-/-	Anil Month Day	Year 415 DM
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	ding ren	П	PART I DEATH WAS CAUSE	nly ane cause per line far (a), (b), 930 (	1. a. Treno a.	1.15-2	BETWEEN ONSET AND DEATH
	dea ten rmil	L	IMMEDI	ATE CAUSE (o)	ne vegica	uus	
	he at per tian	L	Conditions, if any, which gave	DUE TO, OD AS A CONSEQUENCE O	1-1-0		
	at the sit per matic		rise ta immediate cause (o),	(0)	aute Cara	Vistur ouser	-
	train the cree		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	F		
	equires that the physician. signed by the burial-transit burial, cremat	П	last.	(t)			<u> </u>
	phy	П	PART 2 OTHER SIGNIFICANT CO	NOTITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASI	E OR CONDITION GIVEN IN PART 1(a)	
	ding ding een een the tro	S	7	COMPANION OF THE PROPERTY OF T			
	The law ratending has been se as the h priar to	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS I		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	DNSIDERED IN CERTIFYING
	in an	ERT	21a. ACCIDENT WAS UNDERLYI	NG 216 TIME OF INJURY		(Enter nature of injury in Part 1 or Port 2, li	tom 101
	IAN fical far far He		OR CONTRIBUTING CAUSE OF DEA		nr	(chief harde at injury in Part 1 at Part 2, in	ет 10.)
	Spiral sp	MEDICAL		P.M. PLACE OF INJURY (AT HOME FARM, STREET,	19   PACTORY   21f LOCATION Street or R.F.I	D. Na. City or Town	Caunty State
	G PHYSICIAN: 1 the hospital ar this certificate detached far us ie Dept. af Healt	П	While Not white of work	PLACE OF INJURY (AT HOME FARM, STREET, OFFICE BUILDING, ETC.	JEH ECONON SHEET OF KT.	D. No. City of Town	Cuonty State
	w the second	П	220 L certify that (1) (th	is hasnitall attended the decor	sed from I-l-	1968, to 4-26, 196	6 that (I) (up) last
	d by t After d be c e State		sow the deceased o	ilive an 4 - 26-	19 68, and that in (my) (our	19 <b>6</b> , to 4 - 2 6 , 194 ) opinian death occurred an the dat	e and hour and from the
	E i Signation			e, (I)  ( <del>wo</del> ) (did) (di <del>d no</del> t) view thy	body ofter death.		
	Tet ret		22b. SIGNATURE	IPB V	DEGREE PHYS	S MED.	ATE SIGNED 1968
	L OR L be r be r be r blike 3 ge 3 lled w		and Bury along	Just		DIRECTOR LIPHYS. L.	7708-
	may may may po be f	П	220 PHYSICIAN'S NAME (Type)	1 8 13 us.	22e. ADDRESS	WASTERS A	Jan loned
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the hospital ar attending physician.  In FINITALI DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Page all and be filled with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 hours	230	BURIAL CREMATION, 23b		F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	Page 4 may Page 4 may In FUNERAL director, page	1			Lawn Cemetery	Woodlawn Balto	
	VR A15(4)	24.	FUNERAL DIRECTOR	ADDRE	SS 2Sa. RE	EC'D BY REGISTRAR 25b. REGISTRAB'S	GNATURE
	30M REV 1/68		Tipton - Elin	e Funeral Home Har	mpstead, Md. DATE	APR 3 0 1968 fclio	nes jusque



1	I tem 6 Film G38 VISION-OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	25484 CERTIFICATE OF DEATH
= _2= /	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b, HOUR
after death	(Type or print) HERBERT C HILL ADVILLE GG 8 9 AM
b (IV)	3. SEX 4. RACE S. DATE OF BIRTH 6 ACE (In years IF UNDER 24 HRS.  MONTHS DAYS HOLES MIN
107	Mple Wh. /2 april 14 1884 838/HF YRS. MONTHS DAYS HOLES MIN
Zhou,	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
724 T 24 T	Md. WIDOWED DIVORCED CAPPOIN
fills thin	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  12b KIND OF BUSINESS OR during most of working life, even if retired)  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)
with telly ribor l', with	MANChesh Longvur runing Jame Stop / Cuper Sivery
nple e ca	130. USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) STATE 13b. (OUNTY) 13d. INSIDE CITY JUMITS? 13e. STREET AND NUMBER 13b. (OUNTY)
xecu nov	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
ond ond in a	04
ite k zian zase	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address
Equires that the death certificate be executed within 24 physician.  signed by the attending physician and completely filled buriol-transit permit. Then please remove carbon paper buriol, cremation, or remaval, and in any event, within 72	Yes, no, or unknown) (1 yes give war or dates of service) 218-32-123-35-ev7 xp A Herroburn Tear to the
cert They may	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:
nath natin nit.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  Limits proceeding
e de atte	DUE TO, OR AS A PONSEQUENCE OF
the sit p	Conditions, if only, which gove nose (a). (b) Cultivalistic Carda Vascula Descrip Obe Month
tho by Tran cren	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
mquires that the physician. Signed by the buriol-transit buriol, cremat	[lost. (c)
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
nding peen the or to	To log date of operation 196. Condition for which operation was performed 20g. Autopsy? 20b. If yes, were findings considered in certifying
he I offer nos (	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 121c. HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 2, Item 18.)
or or salff	
CFAN ifficial ifficial	OR CONTRIBUTING CHAPS OF DEATH    OR CONTRIBUTING COUNTY   HOUR A.M.   Month Day Year    OR CONTRIBUTING COUNTY   HOUR A.M.   Month Day Year   OR CONTRIBUTING COUNTY   A.M.   HOUR A.M.   Month Day Year   OR CONTRIBUTING COUNTY   A.M.   HOUR A.M.   Month Day Year   OR CONTRIBUTING COUNTY   A.M.   HOUR A.M.   Month Day Year   OR CONTRIBUTING COUNTY   A.M.   HOUR A.M.   Month Day Year   OR CONTRIBUTING COUNTY   A.M.   HOUR A.M.   Month Day Year   OR CONTRIBUTING COUNTY   A.M.   HOUR A.M.   Month Day Year   OR CONTRIBUTING COUNTY   A.M.   HOUR A.M.   Month Day Year   OR CONTRIBUTING COUNTY   A.M.   HOUR A.M.   Month Day Year   OR CONTRIBUTING COUNTY   A.M.   HOUR A.M.   Month Day Year   OR CONTRIBUTING COUNTY   A.M.   HOUR A.M.   HO
PHYSIC e hosp his cert stached Dept. o	
NING PHYSIC by the hospii ffer this certii be detached State Dept. af	lot work of work
OR ATTENDING De retained by the MRECTOR: After it as 3 should be de ed with the State	22a. I certify that (I) (this haspital) attended the deceased from Mark 13., 1965, ta Apr 5., 1968, that (I) (we) last saw the deceased alive an Apr 1. 2. 1968, and that in (my) (our) opinion death occurred on the date and have and from the
END ned R: A uld the	saw The deceased alive an
ATT ATT Show the show	22b SIGNATURE / 22c DATE SIGNED
OR De r	DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRE
IAL coy l pog pog	220 PHYSICIANS NAME (Type) 22e. ADDRESS 22e. ADDRESS
SPIN 4 m 4 m Tor, 1d b	1 Joseph C 10 May 1 - JAHAPOT LAW HAYPONG
TO HOSPITAL OR ATTENDING PHYSICIAN: The law mquires the Page 4 may be retained by the hospital or ottending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buritol-transparent of the prior to buritol, creating the filed with the State Dept. of Health prior to buriol, creating the prior to buriol, creating the prior to burior.	260 BURING CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. OCATION (City or Town) (County) (State)  April 8.68 All Saints (emetery Reisterstown, Md.
5-5	(BURYALISBOOTY) April 8,68 All Saints (emetery Reisterstown, Md.  24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE.
30M REV 1 68	J. F. Eline & S. DATE APR 8 - 1968 Cliantes Judge
	DAIL Reiden Atomo (Id



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours d. NAME OF HOSPITAL d. STREET-ADDRESS e. IS RESIDENCE ON A FARM? INSTITUTION (if not in hospital, give street address) within NO 1\_ completely noq. 3. NAME OF First Middle DATE Year Last DECEASED OF DEATH event, (Type or print) 19€ 5. SEX AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED апу WIDOWED DIVORCED = 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (County & State. or foreign\_country) physician certificate be during most pr working, life, even if retired) and, Ziu ain 13. FATHER'S NAME 14. MOTRER'S MAIDEN NAME removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT has been signed by the atten as the burial-transit permit. prior to burial, cremation, or death (Yes, no, or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last is certificate has CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? Ь NO M YES [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING ( ㅎ OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. WEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year be de State I factory, street, office bldg., etc.) Hour a.m. While Not While After at work at work p.m. 19 OR ATTENDING be retained by 1 FUNERAL DIRECTOR: Af director, page 3 should be should be flied with the S hould that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 8.44M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED SIGNATURE 22a, ATTENDING PHYS. M.D. DIRECTOR 4 may 22c. PHYSICIAN'S 22d. ADDRESS / director, p NAME (Type) NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. DATE THEREO! LOCATION (City, town REMOVAL (Specify) Durine. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25a. 25b. VR A15 (4) 15M 4-64



- 1			NIVISION OF V			EPAKIMENI OF	HEALTH TIMORE, MARYLAND 21	201		
		.1485				TE OF DEATH		201	- "	35
ī.		EASED-NAME First LOUIS	3	(NMN)		Last JENKINS	20. DATE OF DEATH  Month  APRIL 24.	Pgy	Yeor	2b. HOURP
3	SEX		4. RACE	(14.41)		DATE OF BIRTH	6. AGE (In v			1:30 M IF UNDER 24 HRS.
L		Male		nite		3-14-1880	lost birthdo	YRS. MOI	HITHS DAYS	HOURS MIN.
70	o Bi	TV.	b citizen of wha			NEVER MARRIED	9. COUNTY OF DEATH			
100		Maryland Y OR TOWN OF DEATH	U.S.	A . SE OF HOSPITAL OR INS	WIDOWED 🔀	h-a-a-d	Carroll UAL OCCUPATION (Kind of wor	t dee	101 WIND OF D	Md.
	Sy	kesville	give str	eet oddress) ingfield S	State Ho	spital during	most of working life, even if r armer (retire	etired.)	125 KIND OF BU	12IME22 OK
13 ac	Ba. L Imis	SUAL RESIDENCE (Where deceased storn) STATE Maryland	l lived, if instituted 13b. COUNTY Allegar	Residence before	Cumber	and YES 1	13e STREET AND NUM NO X Rt. 1, BO	ABER <b>x</b> 600-	-A	
14	4. F/	THER S NAME First	Middle	Last	15. A	OTHERS MAIDEN NAME	First A	Middle		Last
Ļ	, .	John	R.	Jenki			Margaret	()	Sh	okley
	og. Ye	NAS DECEASED EVER IN 5. ARME s, go, gr unknown)   Ht yes give wor N O		6b. SOCIAL SECURITY N 212-12-88				ddress		
-		IB. CAUSE OF DEATH (Enter only	and the one has			necoras, S	pringfield St	ite Ho	APPROXIMA	TE INTERVAL
l	1	DADT I DEATH WAS CAUSED	RV-	lateral ]		oncumonto			BETWEEN ONS	
	-	375 4 IMMEDIAL		A CONSEQUENCE OF	nigaineinaí	oneomon a			Days	
	1	Conditions, if any, which gave			stenos	is with my	cardial hyper	trophy	_Year	'S
ı	- 1	nse to mmed ate cause (a).		A CONSEQUENCE OF						
L		ost. 4/1 X	(t)						<u> </u>	
	П	PART 2 OTHER SIGNIFICANT COND with senile b:						) CBS a	ssoc.	
ALC: N	<u> </u>			H OPERATION WAS PER		20a AUTOPSY?	20b. IF YES, WERE FI	NDINGS CONS	IDERED IN CER	TIFYING
101417	CERTIFICATION					YES TO NO	CALICES OF DEATUR	Yes		
		210. ACCIDENT WAS UNDERLYING			21c. HOW		ter noture of injury in Port 1 or		n 18.)	
Park a	ă	or contr buting cause of Death If either, notify medical examine	r)   P.M.	Month Doy Year 19						
		at work at work				TION Street or R.F.D N			County	State
		22a. I certify that (1) (this saw the deceased all	hospital) atten	ded the decease	ed fram2	hot in (my) (our) or	to 4-24-60	19	, that (	i) (we) last
		causes stated abave,	(I) (we) (did) (c	lid nat) view the l	bady after de	ath.	prinon death accorred an	THE GOIE	ona nour or	iu from the
		22b. SIGNATURE	111	1			MED. STAFF		E SIGNED	
	1	22d. PHYSICH S	CU FO	me	DEGREE		MED. DIRECTOR D STAFF PHYS.  ringfield Sta		4-68	
			io A. Rui	z, M. D.			kesville, Mary			
2	30	BURIA, CREMATION. 23b. DA			CEMETERY OR CR		23d LOCATION (City or To		(County)	(Stote)
	R	REMOVAL (Specify)	IL 27.1	968 MT.	PLEAS	ANT CEM.	CUMBERL	AND	MD.	
4	. F	ENERAL DIRECTORYBON K	IGHT ,	CUMBER L	AND, M	D. 250. REC'D		SISTRAR S'SIG		ige-
		Rullan Tien. O	nov. H	ano. Chi	10-2 Re	KOLA DATE A	LU TA IODO		U	W.

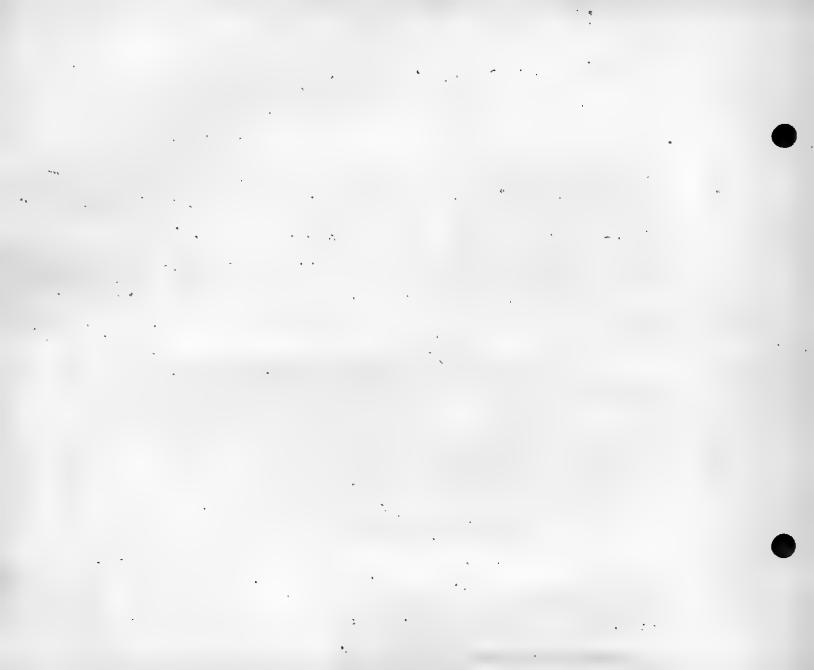


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME Middle Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Day Manth 24 68 10:20 Ivv Winifred Johnson 4. RACE S. DATE OF BIRTH 3 SEX 6. AGE (In years IF UNCER I YEAR 68 birthday) HOURS MONTHS white 4/16/99 female signed by the ottending physicion and completely filled in by burial-transit permit. Then please remove carbon papers. P 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED 🔀 NEVER MARRIED country) England Carroll USA WIDOWED [7] DIVORCED [ 120. USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 125, KIND OF BUSINESS OR burial, cremation, or removal, and in any event, withi Rural—Sykesville Street oddress)
Springfield State Hospital
13a USUAL RESIDENCE (Where deceased lived if institution Residence before, 13c CITY OR TOWN 13d during most of working life, even if retired.)
housewife INDUSTRY T3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Baltimore YES NO 3203 Echodale Avenue 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle M. ddle Last Limbrick Catherine ? Arthur 16b. SOCIAL SECURITY NO. 16c. WAS DECEASED EVER IN J.S. ARMED FORCES? Frederick A Johnson Same Yes, no, or unknown) 214-18-3433 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cardiac arrest minutes IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic cardiovascular disease Conditions, if any, which gave ) vears rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) reaction. Chronic brain syndrome associated with cerebral arteriosclerosis with psychotic/ **J FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to** 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [7] HO [ 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) or contributing cause of Death (If either, notify medical examiner) HOUR A.M. Month Doy Year (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while at wark 220. I certify that the (this hospital) attended the deceased from 3/23/, 1965, to 1/21/, 1968, that the (we) lost saw the deceased alive an 1/21/ 1968, and that instary) (aur) opinion death occurred on the date and hour and from the couses stated above, to (we) (did) tribute) view the bady ofter death. 22b SIGNATUR 22c. DATE SIGNED ATTENDING MED DIRECTOR 4/24/68 Springfield State Hospital 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Renato R. Espina, M. D. Sykesville, Maryland 23d. LOCATION (City or Town) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Gardens Of Faith Baltimore, Md 0 24. FUNERAL DIRECTOR Leonard J Ruck Inc 250. REC'D BY REGISTRAR **ADDRESS** Hanisht Funeral Home TOWNSON CONTROL OF THE PARTY OF 30M REV. 1/68

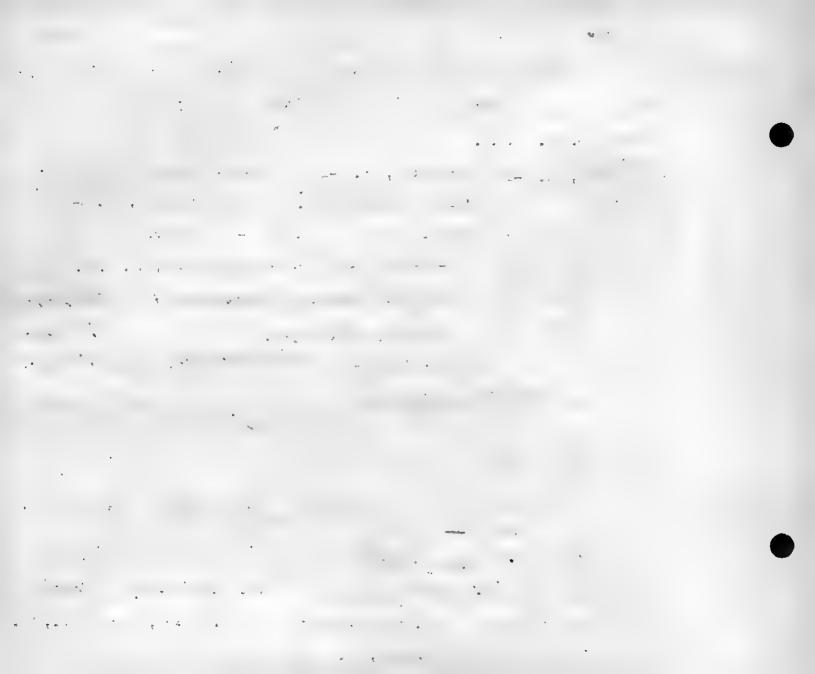
MAKTLAND STATE DEPARTMENT OF HEALTH



		MARYLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
*		Item 13 Film G399 4/22/68 kk CERTIFICATE OF DEATH	4.35
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after death		vine or orint A P Month Doy	Yeor C M
	3. SI	X 4. RACE S. DATE OF BIRTH 6. AGE (In years IF	UNDER 1 YEAR   IF UNDER 24 HRS.
	9, 31	4. Act	NTHS DAYS HOURS MIN.
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by The Pours		SIRTHPLACE (Stote or foreign 7b. CHIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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filled in 72 thin 72		ITY OR TOWN OF DEATH IT NAME OF HOSPITAL OR INSTITUTION (If not in hospital I 2a. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUS.NESS OR
7E === =	Su	WESUILLE GRAND VIEW NIRSING HOUSE AT HONE	INDUSTRY
> 22.	13a	USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR, TOWN 13d INSIDE CITY JMITS? ] 3e. STREET AND NUMBER	77 - Pand /
		USSION), STATE WILL AND 136. COUNTY REPORTE THRESTALET YES NO & BHOLD VIET YOUR	YVR KIN IS TAMET
execution campains of any eventure of any even	14.	FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle	Last
an and	7	NECLEY HILLSINGER MARGARET CKRAFT	
ase ase	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address	
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Phy avg	⊨		APPROXIMATE INTERVAL
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atte		DUE TO, OR AS-A CONSEQUENCE OF	et for
± 5 ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±		Conditions, if ony, which gove) (b) Mytayou his - O thomas of comp	ef The
that the death certifi an. by the attending phy transit permit. Then crematian, ar remava		nse to immediate cause (a).  stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF *	1
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equires physici signed burial-1 burial-1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DECONDITION OF IN PART 4(d)	77
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DING PHYSICIAN: The law reby the haspital ar attending later this certificate has been be detached far use as the State Dept. af Health priar ta	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS CONS	IDERED IN CERTIFYING
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AN Paris		TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year	1 10-1
HYSICI haspiir s certif sched on opt. af	MEDICAL	(If either, natify med cal exominer) P.M. 19	County State
PHYSICIAN ne hospital his certifica etached for	≥	21d INJURY OCCURRED 1 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Not while	County State
thi this det		at work of wark	<u>c/</u>
The state of the s	L	22a. I certify that (I) (this haspitol) attended the deceased from, 195 ¥ , to, to, saw the deceased olive on, and that in (my) (see ) apinian death occurred on the date	that (I) (we) last
N S S S S S S S S S S S S S S S S S S S	П	saw the deceased alive on the date couses stated abave. (1) (we) (did not) view the body ofter death.	ond hour and from the
So Single H	П		TE SIGNED
OR ATTENI DIRECTOR: A pp 3 shauld led with the	1	ATTENDING & MED. STAFF -	5-58
be r be r DIRE	П		
SPITAL 4 may VERAL I'or, pag I'd be fi		22d. PHYSICIANS NAME (Type) Junes 163 Saldel N.A 22e. ADDRESS.	Wa
Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far ushauld be filed with the State Dept. af Health			(County) (State)
O HOS Page 4 O FUN direct	230	BURIAY (REMATION, 23b. DATE 23c/ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  REMOVAL (Specify) 4-5-68 J-WM, LEE WAS HEVE TON, D	(Countly) (Stote)
5- 5- 2	1		CNATURE
VR A15 (4)	24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
30M REV. 1/68	1/2	dry N. Slind Conjust City md DATE ADD 15 1988 Ichan	Cos July



_	1				ID STATE DEPARTMENT		
ا سيلا		7770	DIVISION OI		301 W. PRESTON STREET,		
7	$\sim$	0640			CERTIFICATE OF DEA		^~49i
€ -2°€	41	I. DECEASED NAME (Type or print)	First	Middle	Last	20 DATE OF DEATH	1/2 Par / Quant 2b. HOUR
s after deoi the funero oges frond syfter dedi			Washing ton	Peter	Koontz	(+pr) s moini	16 Day 68 P.M
		3 SEX	4 RACE		S. DATE OF BIRTH	6. AGE (1	19 YEAR IF UNDER 24 HRS.  Thdoy) MONTHS DAYS HOURS MIN
s aff		Male	Whi	te	9/18/18	95 lost bird 72	YRS.
nours s. Po		7o. BIRTHPLACE (State of country)	r fareign 7b. CITIZEN OF W	HAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
24 ho d in Pers. 72 ho		Carroll C			WIDOWED DIVORCED	Carrol1	Md
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death or entained by the haspital or ottending physician.  **IRECTOR:* After this certificate has been signed by the attending physician and completely filled in by the funeral e 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages—Fand and with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.		Mailing Ac	EATH 11 M	iAME OF HOSPITAL OR IN	ISTITUTION (If not in haspital	20. USUAL OCCUPATION (Kind of	work done 12b KIND OF BUSINESS OR
with vital v		Littleston	m. Pa. Red	Littlestow	n. Pa. R-1	uring most of working life, even Foundry Worke	if retired.) INDUSTRY Foundry
per col		13o. USUAL RESIDENCE ( admissian) STATE.	Where deceased lived, if institution 13b. COUNTY		LINETTING MARKET	SIDE CITY LIM TS? 13e. STREET AND I	NUMBER Mailing Addres
ecul com y ev	ì	Marylar	16.	Carroll	Littlestown YES		own, Pa. R-1
ex em	_	14. FATHER'S NAME	First Middle	Last	15. MOTHER'S MAIDEN		Middle Last
equires that the death certificate be ex physician. signed by the ottending physician and burial-transit permit. Then please rem burial, cremation, or removal, and in an	- 1		Nelson -	Koontz	Ida	e Reinan	
icote sicio plec J. or		Yes no orunknown)	R IN U.S. ARMED FORCES?  (If yes give wer or dates of service)	16b. SOCIAL SECURITY		3 P. A 679	Address
phy en ova		NO		212-14-69	36 Robert S. F	itz, Taneytown	, Md., R. D. 1  APPROXIMATE INTERVAL
h ce		18. CAUSE OF DE	ATH (Enter only one couse per I H WAS CAUSED BY:	ine_for_(o), (b), and (c	0 .1	1- 1	BETWEEN ONSET AND DEATH
leot end mrt.		PART I DERI	IMMEDIATE CAUSE (a)	prima	France 1	temorrhag	e ten Munulis
off off on,		*		AS A CONSTQUENCE OF	-		1
of the sist		Canditians, if any, rise to immediat	e cause (n) (b)	Hey	enturio	در	12001
tror tror		stoting the under		AS/A CONSEQUENCE OF	· . //	Maria D.	
OR ATTENDING PHYSICIAN: The low requires the be retained by the hospital or ottending physician. DIRECTOR: After this certificate has been signed by je 3 should be detoched for use as the burial-troud with the State Dept. of Heolth prior to burial, cre		last	) (c)	Jener	ungen our	conserver	sis ways.
Ph sign Ph		PART 2. OTHER SIG	GNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT I	IOT REL <b>ATED</b> TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART	1(a)
w r ding een the		8 11/	Cerco!	Inter	us.		
TIAL OR ATTENDING PHYSICIAN: The low remoy be retained by the hospital or ottending RAL DIRECTOR: After this certificate has been page 3 should be detached for use as the be filed with the State Dept. of Health prior to		190. DATE OF OPERA	ATION 19b. CONDITION FOR WI	HICH OPERATION WAS P		CALICES OF DEATH	FINDINGS CONSIDERED IN CERTIFYING
# 1 2 4 8 # #		210. ACCIDENT WA	IS HINDERLYING LOUI THE	AF MANUAL	YES 🗆	NO LOS	
AN Paragraph of the control of the c	1		CAUSE OF CEATH HOUR A.M	Manth Day Yea	21c. HOW INJURY OCCURRED	Enter nature of injury in Port	or Port 2, Item 18.)
SECTION OF COLUMN 1	_	(If either, notify m	nedical examiner) P.M.	1	9		
HY is the bept		While NURY OCCU	RKED 216 PLACE OF INJURY	OFFICE BUILDING, ETC.	CTORY.) 21f LOCATION Street or R	FD. No. City ar Town	County State
a fe gent fe g		al work of Hor	h.	. 1 ( ) (	11 45 /3	1037 - 1- 1/1/1	
DIN by Affe be Sto		22d. I certify	that (I) (this hospital) at deceased alive an	anded the deceas	ed from 74 4	, 19 40, to 4-11	, 19 <b>68</b> , that (I) <del>(we)</del> last an the date and haur and fram the
TEN in ed the		causes st	ated abave, (I) (****) (did)	(didnet) view the	body after death.	ary spinian dealin occurred	on the date and hadrand high the
A B S S S S S S S S S S S S S S S S S S		22b. SIGNATURE	201	. 1		AND CIAI	22c. DATE SIGNED
OR be 1		1 ()	C.S. MCV	lough	M. DEGREE PHYS	MED. STAFF PHYS	D 4117/68
FAL AL AL E		22d PHYSICIAN S NAME (Type)	V C M	110	22e ADDRESS	10	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	1		N. D. W.	<u> LVAUC</u>	(1)	Janeyon	on i ma.
HO Ige	10	23a. BURIAL, CREMATION			CEMETERY OR CREMATORY	23d. LOTATION (City or	Town) (County) (State)
5 5 5 N	V	REMOVAL (Specify)	1 4/20/68		arys Cemetery		, Carroll Co., Md.
VR ALS	1	24 FUNERAL DIRECTOR	1 1 stigge	ADDRES:		ADD 1-0 4000	REGISTRAR'S SIGNATURE
SUM KEY ! //	00	A SAVIALA	N VAMAS	Littlest	OWIL Pa- DATE	MEIL TO MOOD	



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1
	CERTIFICATE OF DEATH	. ". Q
1	DECEASED-NAME First Middle Lost 20 DATE OF DEATH (Type or print) BEETOA V. LARGENT Month	Day Year 26 Hour 10 A M
3.	SEX 4 RACE 6. AGE (In years lost birthday)	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.  (R.S.)
	. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   WIDOWED   DIVORCED   CARROLL	Md
10	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital)  12a USUAL OCCUPATION (Kind of work do give street oddress)  CARACILLOS ENGRIPHES DE MORE DE LA FEBRUARIE DE L	12b. KIND OF BUSINESS OR INDUSTRY
13 od	O USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e, STREET AND NUMBER MISSION) STATE 13b. COUNTAGE OF Woodbins	
14	FATHERS NAME First Middle Lost IS MOTHERS MAIDEN NAME First Middle CVRVS WISNER Ada	HARLEU
16	WAS DECEASED EVER IN U.S. ARMED FORCES? LIGH SOCIAL SECURITY NO. 17 INFORMANT Address	od biwa on And
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  WEELS
	Conditions, if any, which gove rise to immediate couse (a).  DUE TO, OR AS A CONSEQUENCE OF  (b) ARTERIOSCLEROTIC HEART DISEASE	YEARS
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
CONTENCATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY?  YES NO CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
NICAL AD	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 or Port 2 or Contributing Cause of peath HOUR A.M. Month Doy Year (If either, notify medical examine) 21d. BUILEY OCCIDENT 21a. PLACE OF INJURY AT HOME FARM SIRET, FACTORY 1 214 LOCATION Street or P.E.D. No. (by or Town)	t 2, ftem 1B.)
1	While of work of work	County State
	22a. I certify that (i) (this haspital) attended the deceased from, 19 68, ta, ta, saw the deceased alive an	19 <u>68</u> , that (I) (we) last e date and haur and fram the
l		22c. DATE SIGNED /
	22d. PHYS(CIAN'S NAME (Type) 22e. ADDRESS	
L	10. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)  APPROVAL (Specify) 4-7-68 MT NEBO MORGAN O	County W. VA.
24	FUNERAL DIRECTOR  250 REC'D BY REGISTRAR  25b. REGISTR  25b. REGISTRA  27b. REGIS	AR'S SIGNATURE

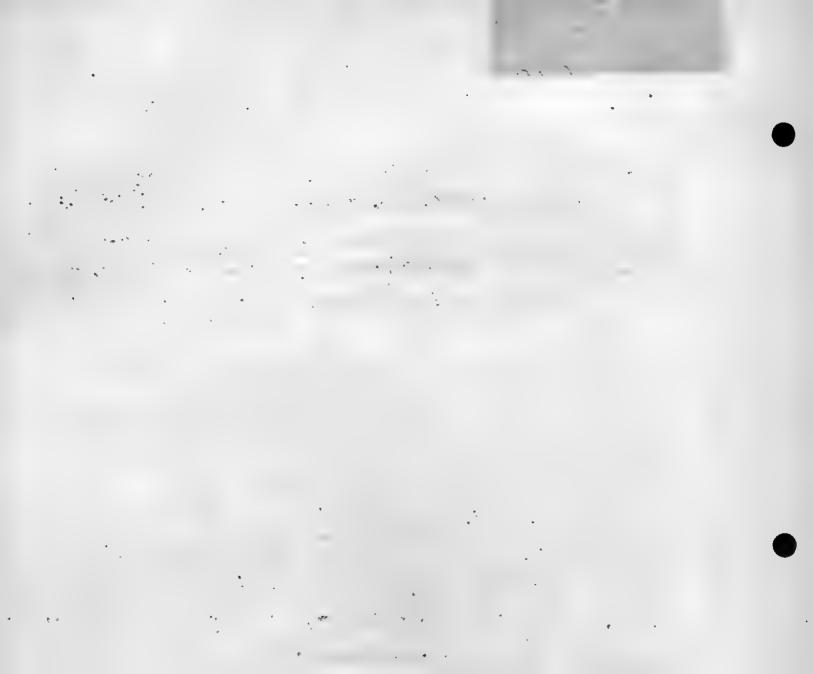
MAKTLAND STATE DEPARTMENT OF HEALTH

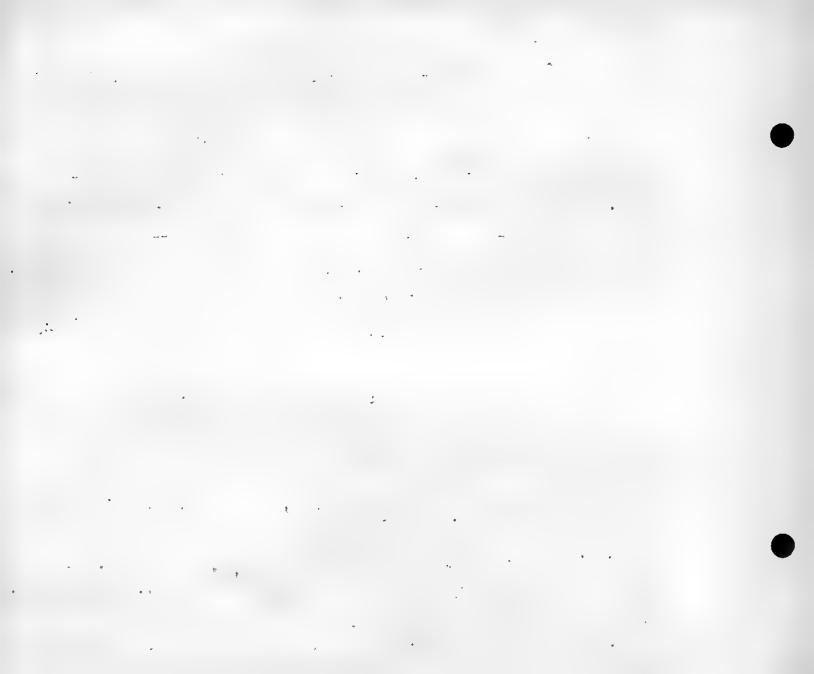


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R STATE		Special Country   Special Co	. 193
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Artifice of the control of the contr		Female White July 26, 1905 XX62RS. MONTHS DAYS HOURS MIN Month Aprily 6,	Yeor 168 LO:15 LO:15 P
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the Sto	S	ykesville give spet of the field State Hospita ting most of working ite, even if retired)	126 KIND OF BUSINESS OR NOUSTRY
files. 3 should be used as a bural-transit permit. File pages I and 2 with the State De lation, or removal, and in any event within 72 hours after death.	01	dmission) STATE Marylandiab. COUNTY Fredrick Frederick YESE NO 5th Street	
es lond2 irs after o		Charles H. Masser Ada T. Krel	h
2 hours	( )	as no or unknown)	Fred. Md.
bural-transit permit. File in ony event within 72		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Epileptic Siezure  3 459 Cond trons, if ony/which gove rise to immediate cause (a). Stoting the underlying couse  (b) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
l, ond l	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	1
r removal, and	RIFICATIO	WAS PERFORMED?	20 AUTOPSY? YES NO NO
сгетатноп, ог		PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19	n 18.)
, crema		WHILE NOT WHILE COTORY, office building, etc.)	County State
prior to pullar,		death resulted from Natural causes X, Accident , Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER 22b. DATE SI MATURE U ASSISTANT MEDICAL EXAMINER 22b. DATE SI	ond in my apinion  IGNED  -8-68
Health prio	230	NAME (Type)  ADDRESS(Street, city, town, or county)  BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town){	County) (State)
(B)	24	FLYERAL DIRECTOR 250. REC'D BY REGISTRAR 256. REGISTRAR 5 SI	rederick, Md.
SME (5) V V 1/68		Robert E. Dailey & Son Frederick, Marylan MAPR 11 1968   Williams	Juego



	ž.		MARYLAND STATE DEPARTMENT OF HEALT		
21 18		5	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMOR	E, MARYLAND 21201	
M.		29%	CERTIFICATE OF DEATH		1. 1. 19
خ _∾¥ ´		CEASED NAME First	Middle Lost 2a	DATE OF DEATH	2b. HOUR
of death.  funeral  l and 2  er death:	1	ype or print) CA	rie & Mathias a	well Month 10 Doy	1969 12.25 M
	3. 5	X	4. RACE S. DATE, OF BIRTH	6. AGE (In years IF	UNDER 1 YEAR   IF UNDER 24 HRS
Poges aft		Cemale	White 4/12/1876	last birthday) YRS. Mo	NTHS DAYS HOURS MIN.
100 P	70	BIRTHPLACE (State or foreign intry)	MARKIEU   NEVER MARKIEU!	INTY OF DEATH	
d in pers		<u>''</u>	in S A WIDOWED DIVORCED C	wordl?	Md.
within 24 hours after the full of the full	10.	ITY OR TOWN OF DEATH			126. KIND OF BUSINESS OR INDUSTRY
redy wit	1/2	AANCHOSTOC	Trum /12	reacest 10	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after be retained by the haspital or attending physician.  NIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the first should be detached for use as the burial-transit permit. Then please remove carban papers. Pages bed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after		STATE ( Where deced	d lived, if institut an Residence before UK CTPY OR TOWN 13d INSIDE OID JUNIOS NO 2	13e. STREET AND NUMBER	hinten Herel
xec nov	14	ATHER S NAME First	Middle Lost IS/MOTHER'S MAIDEN NAME First	Middle	Lost
and and rem			= henhart	5.	Saunders
ertificate be physician c ien please iaval, and ii	160	WAS DECEASED EVER IN U.S. ARI		Address	e onting ( )
fica ysic al, o		es, no, or unknown) (Il yes give i	or dates of service) 220-44-8225214 and like 0	I Bas thomas	1. Md 21212=
cert p pt hen nav	F	18 CALISE OF DEATH (Enter or	one couse per line for (a) (b) and (c)		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
# die 1	1	PART I. DEATH WAS CAUSE	one couse per line for (o), (b), and (c))  BY:  Caroline  Caroline	· Varantar	1 days
dec n, a		4129 IMMEUL	DUE TO, OR AS A CONSEQUENCE OF	Dingano.	1
the of th		Canditians, if any, which gave		1 5-6-05	
hat J. y th ansi		rise to immediate couse (a), stating the underlying cause	(b) DUE TO, OR AS A CONSEQUENCE OF		
es tirida icidal ed b ill-tr		lest.	(d)		
equires that the death certif physician. signed by the attending phy burial-transit permit. Then burial, crematian, ar remava		PART 2 OTHER SIGNIFICANT CO	DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITE	ON GIVEN IN PART 1(o)	
ng F		4.11			
bed bed riar	ATIO	190 DATE OF OPERATION 196	ONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?	206 IF YES, WERE FINDINGS CONS	IDERED IN CERTIFYING
. The law r r attending e has been use as the	CERTIFICATION		YES ☐ NO 💽	CAUSES OF DEATH?	
ate or u		21a. ACCIDENT WAS UNDERLYI		of injury in Part 1 or Port 2, Item	n 18.)
Pital Pital V	MEDICAL	or contributing cause of DEA	er) P.M. 19		
HYS has s re ache ept.	×	21d INJURY OCCURRED 21e While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No.	City or Town	County Stote
det Thi		at work of work	2/10	100	12 1 1 100 11 11
by be Start	1	22a. I certify that (1) (the saw the deceased c	thaspital) attended the deceased fram 3 7 7 1968 . we an 4 7 9 1968 , and that in (my) (aur) apinion	to 7//U , 19/0	, that (1) (we) last
R: /	1	causes stated abov	(I))(we) (aid) (aid nat) view the body after death.	Jeum accorred all the date	did right that it atti file
ATI Para Para Para Para Para Para Para Par		22b. SIGNATURE	<del></del>	22c. DAT	SIGNED /
OR be r	П	WIN	From M. Degree Phys. Directo	R D STAFF PHYS. 4	10168
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, creative that the state Dept.		22d. PHYSICIAN'S NAME (Type)	+ FUARD M.D 220. ADDRESS AVCh	ester Md	121102-
O HOSPI' Page 4 m O FUNER director, shauld b	230	BURIAL, CREMATION, 23b	ATE 23c NAME OF CEMETERY OR CREMATORY 23d	LOCATION (City or Town) (	(County Co., (State) Pa.
5 5 5 ja ja		REMOVAL (Specify)	12/00		
VR A15 (4) 30M REV, 1/68	24.	FUNERAL DIRECTOR	Owings Mills, Maryland DATE DATE	ISTRAR 5 1968 GISTRAR TO NO	may tas Judge
WHITE NET, 1700		T y - Zullaro	Owings Mills, Maryiand Date 7.	· ·	U





. 1	MARYLAND STATE DEPARTMEN	
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREE CERTIFICATE OF DI	
	DECEASED NAME First Middle Lost	20. DATE OF DEATH 2b. HOUR
	(Type or print) Katherine Kness Moor	11 11 5 14 1 5 14
3.	SEX 4 RACE S. DATE OF BIRTH	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female Caucasian March	last birthday) Months DAYS Hours Min.
70	BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED	
	Maryland U.S.A. WIDOWED DIVORCED	
10.	. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
)	Mt. Airy give street oddress) Twinarch Rd.	during most of working life, even if retired )   INDUSTRY Housewife Home
130	a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before, 13c. CETY OR TOWN 136	INSIDE CITY LIMITS? 13e STREET AND NUMBER
	Maryland No Raltimore "	S NO□ 3557 Greenmount Ave.
. 14.	FATHER'S NAME First Middle Last IS MOTHER'S MA/DE	N NAME First Middle Last
	John Kness E1	
16	Ga. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (If yes give wair ar dates of service) 16b. SOCIAL SECURITY NO 17. INFORMANT	Address
-	No   218-54-3997 Mr. John C	Moore-son 3457 Greenmount Ave. 21
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY:	BETWEEN AND DEATH
	IMMEDIATE CAUSE (a) 10 14 10 3 C 14 V 6 T CC	Caralous Colar Many Young
	Conditions, if any, which gove Due TO, OR AS A CONSEQUENCE OF	Cardiovascular Many Years Disease Inderisclerous
	rise to immediate couse (a),	123-VUSCIPVOU
	stoting the underlying cause DUE IO, OK AS A CONSEQUENCE OF (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVEN IN PART 1(a)
1 2	it is	· ·
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY	
PTIEK	YES 🗆	NO CAUSES OF DEATH?
		RED (Enter nature of injury in Part 1 or Port 2, Item 18.)
MEDICAL	(If either, notify medical exominer) P.M. 19	
2		R.F.D. Na. City or Tawn County State
	While Not while at work of wark	10/ 7 40 4 4 10 / 6 4 10 / 6
	22a. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an large to 1965, and that in (my)	aur) apinion death accurred an the date and have and from the
	causes stated abave, (I) (we) (did) (did nat) view the bady after death.	and the day of the day
	226. SIGNATURE PARTENDING	MED. STAFF 22c DATE SIGNED
	10 SCILLETTE DEGREE PHYS.	DIRECTOR PHYS. 1/3/ PA/ 16,1468
	22d. PHYSICIAN'S NAME (Type) V-B. CULLET 900	Samson St Mt Assu Wed
92	BO BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
	REMOVAL (Specify)	Baltimore. Md.
24	4. FUNERAL DIRECTOR ADDRESS 2S	D. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Wm. Cook-Brooks, Inc. 1217 St. Paul St.	ATE APR 19 1968 Actiontes Judge



MAKTLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPARTMENT OF REALIM DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First last 2a. DATE OF DEATH 1. DECEASED-NAME Middle 2b, HOUR (Type ar print) Month PAUL JACOB MYERLY 6. AGE (In years last birthday) 83 3. SEX 4. RACE S. DATE OF BIRTH SHTINOM DAYS HOURS TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Fine director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages shauld be fil≡d with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after the state Dept. 10-2-1884 Male White YRS law requires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED TE NEVER MARRIED country) U.S.A. WIDOWED DIVORCED [ Carroll Pennsylvania 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Sykesville give street address)
Spring field State Hospital
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13. CITY OR TOWN 13a during most of working life, even if retired)
Farmer (retired) INDUSTRY 13e STREET AND NUMBER Maryland 13b COUNTY Manchester It NO Carroll Westminster St. 14 FATHER'S NAME 1S. MOTHER S MAIDEN NAME First Middle Lost First Middle John Myerly T. Joanne Ker Unk-160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, na, or unknown) [If yes give war ar dates of service] 214-36-7599 Records, Springfield State Hospital 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilateral cerebral hemorrhage or 2 days DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) (b) Probable ruptured aneurysm Years rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CBS assoc. with senile brain disease, with psychotic reaction 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES 🕱 NO [ Yes 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical exominer) ( AT HOME, FARM, STREET, FACTORY, ) 21d. INSURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 12-13-67, 19 saw the deceased alive an 11-11-68 19, ond that in (my) (our) opinion \_\_\_\_, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. 4-15-68 DEGREE 220 ADDRESSSpringfield State Hospital 22d. PHYSICIAN'S Octavio A. Ruiz, M. D. Sykesville, Maryland 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State)) 230. BURIAL, CREMATION (County) **BEMOYAL** (Specify) yac. #So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) DATE APR 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF CEATH requires that the death certificate be executed within 24 haurs after death. (Type or print) ARLES S. DATE OF BIRTH 3. SEX 4 RACE 6. AGE (In years IF UNDER YEAR 1F JNDER 24 HRS DAYS HOURS MALE lost birthdoy) OCT, 23 19 YRS puriot-tronsit permit. Then please remove corbon papers. Pac burial, cremation, or removal, and in ony event, within 72 hours 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED .= country CARROLL CO. DIVORCED [TT WIDOWED and completely filled 10. CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired ) INDUSTRY \_\_ 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before .3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last Middle attending physician sermit. Then please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na. ar unknown) 1 ( fives give wor or dates of service) 2/2-32-4055 NO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if one, which gove ! signed by the burnol-tronsit p HRTERICSCLEROTIC nse ta immediate cause (o) OUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO [ 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street at R.F.D. No. 21d INJURY OCCURRED 23a, PLACE OF INJURY City or Town County State While Nat while of wark . 19 G.K., ta 4/20, 1968 22a. I certify that (1) (this haspital) attended the deceased from 4/16 4/20 1964, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an\_ Poge 4 moy be retained couses stated above, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. 22d. PHYSICIAN'S 22a. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION 23b DATE (County) (Stote) 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68



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	06493	DIVISION OF VITAL RECORDS, 301 CER	TIFICATE OF DEATH	NORE, MAKTLAND 21201	1757141
ENALE T	DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
	(Type or print) ELEAN	OR JOSEPHINE	NITSCH	April 26. 1968	Year 10: LOM
- W/=	SEX	4. RACE	S. DATE OF BIRTH	6 AGE (in years	IF UNDER 1 YEAR IF UNDER 24 HRS
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7	FATHER'S NAME First	Mindle Last	IS. MOTHER'S MAIDEN NAME FIR		Last
	Roman	C, Nitsch D FORCES? 116b SOCIAL SECURITY NO.	17. INFORMANT	retta Address	Moore
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5	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF  (c) Serosa of i			
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	245		YES 🛣 NO 🗌	CAUSES OF DEATH? Yes	
			21c. HOW INJURY OCCURRED (Enter I	nature of injury in Part 1 or Part 2, It	em IB.)
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Ι.	21d. INJURY OCCURRED 21e. F While Nat while at wark	PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21t LOCATION Street at R.F.D. Na.	City or Town	Caunty State
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	saw the deceased all	haspital) attended the deceased from 4-26-68 19	, and that in (my) (aur) apin	ion death accurred an the dat	e and haur and from the
		(I) (we) (did) (did nat) view the bad	rafter death.		ATT CIPLIES
	22b. SIGNATURE/	mist class	OFFERE PHYS. DIR		ATE SIGNED -26-68
snauld be riled with the	22d. PHYSICIAN'S	7		ringfield State	
	NAME(Type) Anton:	ius Glahn, 44 D.	-	le sville, Maryla	
(Sc) 2	BO BURIAL, CREMATION, 23b D. REMOVAL (Specify)	ATE 23c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION (City or Jown)	(Caunty) (State)
2	4. FUNERAL DIRECTOR	A AM ADDRESS	25a. REC'D BY	ACISTRAR 2 958 EGISTRAS &	IGNATURE QUEST





			MARY	LAND STATE DEPARTME	NT OF HEALTH		
1		0550u	Item 6 Film G	RDS, 301 W. PRESTON STR <sup>LOC</sup> CERTIFICATE <sup>N</sup> OF I	eet, baltimore, n DEATH	ARYLAND 21201	700
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require g physi n signe e buria			DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION G	IVEN IN PART 1(o)	
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		210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH	HOUR A.M. Month Dov	Yeor 21c. HOW INJURY OCCU		injury in Port 1 or Port 2, 1	tem 1B.)
JING PHYSICIAN: by the haspital or fler this certificate be defacted far u State Dept. af Heal	MEDICAL	While Not while	PLACE OF INJURY (AT HOME, FARM, STI OFFICE BUILDING, E	REET, FACTORY.) 21f LOCATION Street	or R.F.D. No.	City or Town	County State
DING   by the Affer the de de State	l	220. I <b>certify</b> that (I) (this	s haspital) attended the de	ceased from 27	, 19, to	H occurred on the dot	68 , that (I) (we) la
OR ATENDING be retained by the DIRECTOR: After I ge 3 shauld be died with the State		couses stated abave	(I) (we) (did) (did nat) view	v the body after death.		22c. D	DATE SIGNED
, — <u>a</u> <u>o-</u>		22d. PHYSICIAN'S NAME (Type)	u Chughn	DEGREE PHYS.  22e. ADDR		STAFF PHYS.	4:26.68
TO HOSPITAL OR ATTENCE Page 4 may be retained to FUNERAL DIRECTOR: A director, page 3 should should be filed with the	230	BJRIAL, CREMATION, 23b. D		ME OF CEMETERY OR CREMATORY	23d 10C	ATION (City or Town)	(County) (State)
VR A15 (4)	24.	FUNERAL DIRECTOR	29-68 E	KINS CEMERER	250. REC'D BY REGISTRA		de
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	MARYLAND STATE DEPARTMENT OF HEALTH
, 7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT!	1. DECEASED-NAME First Mode Last 2a DATE KNOWN Month Day Year 2b HOUR
S 0 8 12	(Type or Print) JAMES ALFRED POOLE DEATH MATED 4-16-68 PAGE
Se Se se	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 25, DATE PRONOUNCED DEAD 2d HOUR
y detay is PM3. Page art men's	M 1-17-29 (39 YRS) MONTHS CAYS HOURS M.H. Month 4 Day 6 Year 68 12/00
- E C1	7a. BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
- E - C	(COUNTRY) Maryland U.S.A. WIDOWED DIVORCED Carroll Md.
oge oge th f	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR
offer death  8. Give Pages along with for with the State leath	Taneytown    Give street address  R.F.D. # 1   during most of working life, even if retired.   NDUSTRY Farming
	13a USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c CITY OR TOWN 13d MS/DE CITY LIMITS? 13e. STREET AND NUMBER
	admission) STATE 13b COUNTY Taneytown YES NO R.F.D. #1
thours Item 11 Office 10nd 2	14. FATHER'S NAME First . Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
24 h ris Orris orrivation	Charles Wade Peele Edna Beall
	16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
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ould be executed wit vord "pending" in pe ne Chief Medicol Exon al-transit permit File ony event within 72	18 CAUSE OF DEATH (Enter only one cause per line to (a) (b) and (c) // / / / / / / / / / / / / / / / / /
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	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
amenda ( )	CERTIFICATE OF DEATH
= -2	1 DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR
offer death he funeral offer death	(Type or print) William P Reese April Month 2004 1863 8230
후 활(출)	3. SEX 4. RACE , 5. DATE OF BIRTH 6. AGE (In years   FUNDER YEAR IF UNDER 24 HES.
by the funera	Male White June 1-1901 lost birthday) MONTHS DAYS MOURS MIN
hour hour hour	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   B. MARRIED   9 COUNTY OF DEATH   100
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requires that the death certificate be executed within 24 hours after death g physician.  signed by the atterding physician and campletely filled in by the funeral a burial-transit permit. Then please remaye carbon papers. Page Tond 2 o burial, crematian, or remayal, and in any event, within 72 hour after death	give street address) during rest revariable, even if retired) INDUSTRY Bread
ed w plete carb ent, 1	136 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER,
camil tave y evi	MATURAL CUMPOC VIIII
and and rem	14 FATHER'S NAME / First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Frances Reese Cora A. Engleman
ate t ician lease and	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address ,
rtific phys en p	Yes, nor or unknown) (If yes give wer at dates of service) 214-05-3699 mens Wim Reese Millers, Md
en de la ce	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:
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endir endir s IIII	19th. CONDITION FOR WHICH OPERATION WAS PERFORMED 20th. AUTOPSY? 20th. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The atte has has at the the the the the the the the the th	AF2   NO
IN:   ar   ar   ar   ar   ar   ar   ar   ar	
a the state of the	The life either, notify medical examiner) P.M. 19
ATTENDING PHYSICIAN etained by the haspital of CTOR: After this certifical should be defacted far with the State Dept. of Heavith the State Dept.	While T Not while () OFFICE BUILDING, ETC.
T the delayer	at work at work at the Control of the state
Affe be Sto Sto	220. I certify that (1) (this hospital) offended the deceased from
TEN ined the	causes stated obove, (1) (we) (did) (did nat) view the body after death.
A Paragraph of the Para	22c DATE SIGNATURE
ok per general per	WITHOURS MD DEGREE PHYS DIRECTOR DIRECT
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital ar attending physician.  TO FUNITAL INTEGER: After this certificate has Imm signed by the attending physician and campletely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Persould be filled with the State Dept. af Health priar to burial, crematian, or remayal, and in any event, within 72 hours about the state Dept.	22d. PHYSICIAN'S NAME (Type) WITE DATE MD 22e. ADDRESS NAME (Type) WITE DATE MD 22e. ADDRESS
© E E E E E E E E E E E E E E E E E E E	230 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
- SEE SAN	BUYA Pecify April 22,1968 Black Rock Cemetery Brodbecks, Pa.
	24 FUNERAL DIRECTOR ADDRESS 250. RECTUBLY PEGISTRAP 250. REGISTRAP 250 R
30M REV 1 68	Tipton - Eline Funeral Home Hampstead, Md. DATE PR 23 1568



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME First Last 2a. DATE OF DEATH 2b. HOUR death death and (Type or print) Month Emma Amelia Ritter 4. RACE 3. SEX 5. DATE OF BIRTH 1E LINDER 1 YEAR IE HNOER 24 HRS. 6. AGE (In years last birthday) DAYS HOURS White Female May 8, 1873 requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [ ] NEVER MARRIED [ country) € please remave carban papers. I, and in any event, within 72 h Penna U.S.AA. WIDOWED TO DIVORCED [ Carroll by the attending physician and completely filled ransit permit. Then please remave carban pape 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 26. KIND OF BUSINESS OR give street address)
Brookfield Nursing Home during most of working life, even if retired.)
Housewife INDUSTRY Middleburg None 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before: 13c. CITY OR TOWN 13a INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Carroll East Baltimore Street Maryland YES X NO [ Tanevtown 14 FATHER'S NAME Middle East IS. MOTHER 5 MAIDEN NAME First Middle First Sharretts Jacob Waybright Lucinda 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unknawn) ar remaval, 178-22-994AD Littlestown. Luther Ritter 18. CAUSE OF DEATH (Enter only one cause per lipe-far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 2 days erepro lasente DUE TO, OR AS\_A CONSEQUENCE OF Canditions, if any, which gave ) signed by the burial-transit p rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause crepre PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? NO TX YES [TT] 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STRET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work TO FUNERAL DIRECTOR: After \_, to NOW 22a. I certify that (I) (this hospital) attended the deceased fram 9710164, 19 4 /21/48 19 and that in (my) (our) opinion death occurred an the date and havr and from the saw the deceased olive an\_ be retained couses stated above, (1) (we) (did) (did not) view the bady ofter death. 22h SIGNATURE 22c DATE SIGNED MED. DIRECTOR **ATTENDING** STAFF PHYS. director, page 3 shauld be filed v DEGREE PHYS. 22d. PHYSICIAN'S 22e ADDRESS ARICOFE NAME (Type) BRida 23a. BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) PEMOYAL (Spacify) 4/24/68 Keysville Carroll Md. Keysville Cemeterv 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 2 30M REV, 1/68 C.O. Fuse & Son Taneytown, Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

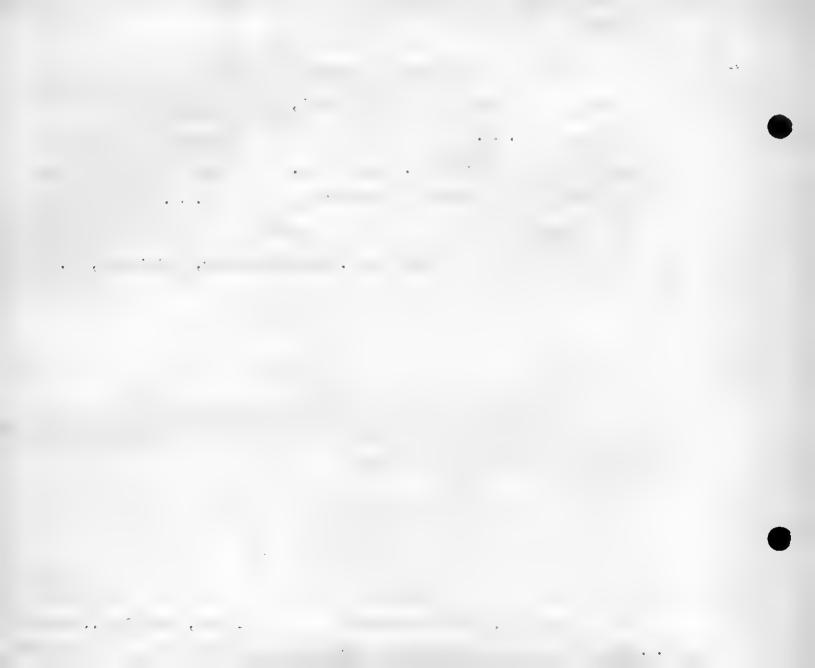


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, ,		2		301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	- 34'
		33504		CERTIFICATE OF DEATH		0.2 * 5 * 5
ر د _ ۲۰۰		CEASED-NAME First	M ddle	Last	20. DATE OF DEATH	2b. HOUR
death death death	(1	ype or print)	ARL	SARUBIN	APRIL 10	1968 7:20P.M
a	3. SE	(	4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF JINDER 1 YEAR   IF UNDER 24 HRS.
at a see		Firmal	WHITE	Shaper	last birthday) 7 @ YRS.	MONTHS DAYS HOURS MIN.
by Pe	70. E	IRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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Med popularin 7	10. C	TY OR TOWN OF DEATH	IT NAME OF HOSPITAL OR IN		JAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
equires that the death certificate be executed within physician. Signed by the attending physician and campletely file burial-transit permit. Then please remave carban paburial, crematian, or remaval, and in any event, within	:	SYKESVILLE	give street oddress) 57RING FICLD	STATE HOPITAL during n	nost of working life, even if retired.)	TAILOR SHOP
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campl campl nave c	odm	STATE CAND	13b COUNTY BALTIMORE CITY	BALTIMORE YESOK	O KKKKKKKKK	JL ST. ARYLANDER APT
e exe	14 F	ATHER S NAME First	Middle Last	15. MOTHER S MAIDEN NAME	First Middle	Last
be an		MURTUN XXXXXX	WXXX SARUBI	N XXXXXXXXXXXXXX	IDA	?
requires that the death certificate be executed with physician.  signed by the attending physician and campletely burial-transit permit. Then please remare carban a burial, crematian, or remaval, and in any event, with			IED FORCES? 16b. SOCIAL SECURITY		SARUBIN, 12 Address F	REED ST.#1
tific nhys n p val,	<u> </u>	is the of Juknown)	215-10-73	70-A KXXXXXXXXXXXX	KXXXXXXXXXXXXXXXX	-XXXXXXX
The The		18. CAUSE OF DEATH (Enter on	y ane cause per line for (a), (b), and (c)	) ,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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the tit post		Conditions, if any, which gove	(h) HEVILLIE	les yours		Controur
s that the cian. d by the l-transit l, cremat	П	rise to immediate couse (a), ( stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE OF	2 10 1		0 10
sicio sicio ed l al-tr		lost.	(Chapmis 1)	my Synterine		8 mints
physician. signed by surial-tran- burial-tran-		PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(6)	(
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binG PHYSICIAN: The law reby the haspital ar attending frer this certificate has been be detached for use as the State Dept. af Health priar ta	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
The atter atter has se as th pri	RTIF		V	YES NO		
YSICIAN: aspital ar certificate hed for u		216. ACCIDENT WAS UNDERLYIN		21c. HOW INJURY OCCURRED (Ent	er noture of injury in Port 1 or Port 2, I	tem 18.)
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PHYSICIAN The haspital of the certifical of the certifical of the certifical of the best of the pept, at the certifical of the certifical		21d. MAJRY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCATION Street or R.F.D. N	o. City or Town	County State
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by by fter be Stat		22o. I certify that (I) (th	s hospital) attended the deceas	ed from		that (I) (we) last
END bed R: A Jid the the		HPLACE (Stote or foreign  RUSSIA A  OR TOWN OF DEATH  IT NAME OF GIVE STATE  IT STATE	(I) (we) (did) (did not) view the	body after death	pinion deoth occurred on the do	te and hour and tram the
ATT State of the s		22b. SIGNATURE	(, (, (, (, (, (, (, (, (, (, (, (, (, (		<b>22</b> c. 0	DATE SIGNED
OR ATTENIOR DIRECTOR: A Build as 3 shauld ed with the		it of	6 5-71	DEGREE PHYS.	MED. DIRECTOR D STAFF PHYS.	Mr. V 1968
		22d PHYSICIAN'S	11/10	22e ADDRESS		
PIT mo		NAME (Type) PAUL	G. ENSOR, M.	D . SPRINGF	IELD STATE HOSE	PÍTAL
TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 should be detac shauld be filed with the State Dep	23a.		DATE 123C-NAME OF	SNITT FERETH	23d LOCATION (Gty or Town)	(County) (State)
5 5 5 5 V		BURTAL	4-12-68 TAR 21	ISRAEL		MARYLAND
VR A15 MIN	24	FUNERAL DIRECTOR	& BROS. INC. ADDRESS	2Sq. RECD	BY REGISTRAR 2Sb REGISTRAR'S	SIGNATURE
30M REV 1/68	127				1 5 1968 Miland	Dy Judge



П		AFFAF	DIVISION OF	VITAL RECORDS,	301 W. PR	STON STREET	, BALTIMOR	E, MARYLAND 21201		Δ 18:
		85505		(	CERTIFICA	TE OF DE	ATH		355	UT
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	3. SE)	(	4. RACE			DATE OF BIRTH		6. AGE (In years last birthday)	IF JHOER 1 YEAR	IF JNDER 24 HRS. HOURS MIN.
L		Male	Whi.	te		July 1.	1884	83 YRS		FIGURES MIN.
I	7o 8		7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COL	INTY OF DEATH		
ı	count	Maryland	U.S.A		WIDOWED [	] DIVORCED		Carroll		Md
	10 CI	TY OR TOWN OF DEATH	11 1	IAME OF HOSPITAL OR IN	STITUTION (If nat	in hospital		UPATION (Kind of work done working life, even if retired)		BUSINESS OR
		stminster	9'6	street oddress) Brroll Co.	Genera	1 Hosp.	Lat	porer	INVOSIKI ]	None
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- 10-		sion) STATE Waryland		Carroll	Westmi	IIDAGT	□ NO □	R.F.D. #7		
	14. F/	ATHERS NAME First	Middle	Last	15.	MOTHER'S MAIDEN		Middle		Last
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ł		WAS DECEASED EVER IN U.S. ARM es, no, or unknown)  (If yes give we	ED FORCES? Ir or dates of service)	16b. SOCIAL SECURITY		ORMANT		Address		
ŀ	_			None		. Carrol	l Weish	naar, Westmins	ster, Nd	ASE INTERVAL
۱		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	y one couse per l	and the second						NSET AND DEATH
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ı		Conditions, if any 'which gave' nse to immediate cause (o),	(b)	C rever	-a-K-	relea	contra	6-01-3-		
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1		PART 2 OTHER SIGNIFICANT CON	(3)	ITING TO DEATH BUT N	OT PELATED TO	THE TERMINAL DIC	CACE OR COMPLET	ON CIVEN IN DART 1/a)		
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	A A			The state of the s		YES 🗀	NO Z	CAUSES OF DEATH?		
	CERT	21a ACCIDENT WAS UNDERLYING	G 1216. TIME (	OF INJURY	21c HOV			L re of injury in Part 1 or Part 2	?, Item 18.}	
	픻	OR CONTRIBUTING CAUSE OF CEATH	HOUR A.M.	Month Doy Year			,		,	
1		(If either, notify medical examin 21d. INJURY OCCURRED   21e.	PLACE OF INJURY	( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC	9 KCTORY, ) 21F LOC	ATION Street or	R.F.D No.	City or Town	County	State
		While Nat while at work of wark		OFFICE BUILDING, ETC						
		22a I certify that (I) (thi	s hospital) at	tended the deceas	ed from	youl 10.	, 196 F.	to copril 23	9 L. y., thot	(I) (we) los
		22a I certify that (I) (thi	ve on@	pril 23	19 <u>6 F</u> , and	thot in (my) (	aur) apinion	death occurred on the c	dote and hour	and from th
I		couses stated obove	, (I) (생활) (did	(didinet) view the	bady after de	oth.		1 22	DATE CIGNIES	
		22b. SIGNATURE	1	1 .1-	DEGRE	ATTENDING	MED	C STAFF	c. DATE SIGNED	
1		22d. PHYSICIAN'S	5, 10	7	MW.D. DEGRE	PHYS.  22e ADDRESS	DIRECTO	R L PHYS. L	123/19	
1			tN 5	HARSHE	y M.E		uchon,	st. Wester	- T	had
	230	BUR.AL CREMATION, 23b D			CEMETERY OR C	-		LOCATION (City or Town)	(County)	(State)
	230	DEMOVAL /Consider					m		, ,,	
3	24.	FUNERAL DIRECTOR	11/27	967 Baust	uemeter	250	REC'D BY REG	strar 25b REG STRAR	S SIGNATURE	aryland
٦		O.Fuss & Son	HARCEL	C_41		ryland DA	TE AP	3 2 5 1968 🔏	Charles	Junge
- 1										/ V

MAKTLAND STATE DEPAKTMENT OF HEALTH





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 2b HOUR (Type or print) 18/50 last birthday) 3. SEX 4. RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. signed by the attending physicion and completely filled in by the burial-transit permit. Then please remove corbon popers. Pages burial, cremotian, or removal, and in any event, within 72 hours aft DAYS HOURS 0 requires that the deoth certificate be executed within 24 hours 70/BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT **COUNTRY?** 9. COUNTY OF DEATH 8. MARRIED MEVER MARRIED WIDOWED -DIVORCED 10. CITY OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast of warking ife, even if retired ) UNDUSTRY 13d, INS DE CITY JIMITS? 13e. STREET AND NUMBER deceased lived, if institution Residence befole 13c. CITY OR TOWN YES 📝 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle 1129 16b SOCIAL SECURITY NO 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no. or unknown) 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART prior to O FUNERAL DIRECTOR: After this certificate has been far use as the 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES . of Health 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) P.M. ( AT HOME FARM, STREET, FACTORY, ) 21f. LOCATION, director, page 3 should be detache should be filed with the Stote Dept. 21d. INJJRY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. No. City or Town County State While Not while at wark of work 220. I certify that (1) (this hospital) attended the deceased from saw the deceased glye-on 4 2 5 19 6 8 saw the deceased alive-on. 19 68, and that in (my) (our) opinion death octurred on the date and hour and from the causes stoted above (1) (we) (pid) did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22e ADDRESS 22d PHYSICIAN'S NAME (Type) 0% 23d LOCATION (City or Town) Reisterstown, 230 BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (State) (County) BREMOVAL (Specify) All Saints emetery 24 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A3III Eline & Sons Reisterstown, Md. 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

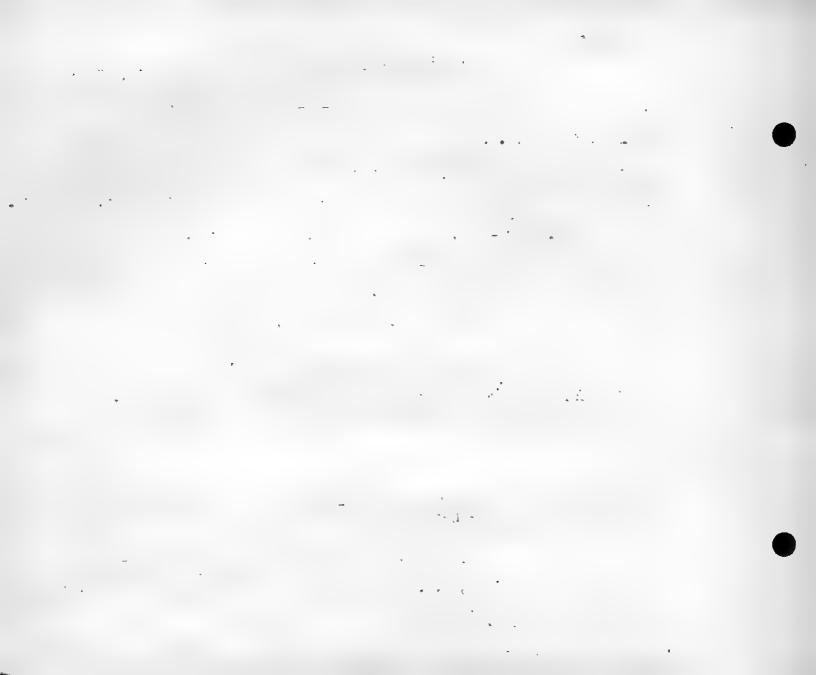


TO BIRTHPLACE (Stote, or foreign, Th. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED TO NEVER MARRIED TO SEVER MARRIED	Doy 1 Year 2b Hour Market Mark
DECEASED NAME First Middle lost 20 DATE OF DEATH	Doy 1 Year 2b Hour Market Mark
1. DECEASED-NAME (Type or print) . NAITER SCOTT JAYLO/Z HONGE (Type or print) . NAITER SCOTT JAYLO/Z HONGE (In year)  3. SEX 4 RACE S. DATE OF BIRTH OCH 20 1889 (In year)  70. BIRTHPLACE (Stote, or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MADDIED DISTURDED 9. COUNTY OF DEATH	Doy Yeor 21 1968 97 M
3. SEX  4 RACE  5. DATE OF BIRTH  7. BIRTHPLACE (Stote, or foreign. 7b. CITIZEN OF WHAT COUNTRY?  8. MAPPIED TO REVIEW APPLIED.  9. COUNTY OF DEATH	DOY 21 1968 97 M
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70 BIRTHPLACE (Stote, or foreign, 7b. CITIZEN OF WHAT COUNTRY? 8. MADDIED NEVED MADDIED 9. COUNTY OF DEATH	S IF UNDER 1 YEAR IF UNDER 24 HRS.
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E COUNTRY COUNTRY	
TO THE WIDOWED DIVORCED   CALLOTT	Md.
10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retire	
Tulapsco give submitted from C Section 10 ANC	1701/18vad
Country  A WIDOWED DIVORCED  10' CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mos) of working life, even if retire to the property of	R / De
ESS Odmission PARY/ONE 136 COUNTY FOLL Ratapseo YES NOW RDE 77.	NKSDUM 1.0.
14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle TOWN JANE T	dle Lost
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT / Address	S/IZZARd_
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)  18. CAUSE OF DEATH (Enter only one couse per line for (d), (b), and (c).)  PART 1. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  TO SECURITY NO. 17. INFORMANT  Address	the Mal
To come or never to the second of the second	APPROXIMATE INTERVAL
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stoting the underlying course DUE 10, OR AS A TONSEQUENCE OF	3
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and of the state o	
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY?  YES NO CAUSES OF DEATH?	INGS CONSIDERED IN CERTIFYING
210 ACCIDENT WAS UNDERLYING 21b. TIME OF NURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Po	ort 2, Item 18.)
TO SEE THE STORY OF THE STORY O	
The contraction of the contracti	County State
While Not while of work of work	10.6 6 11 10 ( ) (
22a. I certify that (1) (this hospital) ottended the deceased from fifting 3, 1965, tallful 21 saw the deceased alive an March 21 1965, and that in (my) (our) opinion deoth occurred on the	, 19 <u>00</u> , that (I) (we <del>) last</del>
couses stated obove, (I) (we) (did not) view the bady ofter death.	ie dote ond hoof ond hom me
couses stoted obove, (I) (we) (did) (did not) view the body ofter death.    Course stoted obove, (I) (we) (did) (did not) view the body ofter death.   Course stoted obove, (I) (we) (did) (did not) view the body ofter death.   Course stoted obove, (I) (we) (did) (did not) view the body ofter death.   Course stoted obove, (I) (we) (did) (did not) view the body ofter death.	22c. DATE SIGNED
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TE DE DE 122d PRYSICIANY (1900) (ASCA) F P USA MID 220 ADDRESS (1900) (ASCA) F P USA MID 220 ADDRESS	RYLand
210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. 19 21d. INJURY OCCURRED Center of injury in Port 1 or Port 1 o	
230 BUR AL (REMATION) 23 DATE 230 NAME OF CEMETERY OR CREMATORY 230 LOCATION (City or Town) 231 DATE 241/1/8 PHOVIDE CEMETERY 230 AUBER 231 DATE 231 DATE 232 NAME OF CEMETERY OR CREMATORY 233 DATE 234 DATE 235 DATE 236 DATE 237 DATE 238 DATE 248 DATE 258	(County) (State)
24 FUNERAL DIRECTOR / ADDRESS   250, REC'D BY REGISTRAR   25b REO'ST	TRAR'S SIGNATURE
	milanda. Jachar



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME 2g. DATE OF DEATH 25 HOUR (Grissom) law requires that the death certificate be executed within 24 haurs after death. by the funeral (Type or print) Fannie TOWNSEND 1968 10 a M 4 RACE 3. SEX S. DATE OF BIRTH 6 AGE (In years IF UNDER YEAR IF UNDER 24 HRS. MONTHS I lost birthdoy) DAYS HOURS female Negro 7-11-93 YRS burial-transit permit. Then please remave carban papers. Pac burial, crematian, ar removal, and in any event, within 72 hours 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [ ] NEVER MARRIED [ ] and campletely filled in Mississippi U.S.A. WIDOWED [ DIVORCED TO Carroll. 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address)
Springfield State Hospital Domestic INDUSTRY Sykesville 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13a. STREET AND NUMBER odmisson) SIATE Mary Land 13b COUNTY YES 🗔 NO F 3902 Bareva Rd., Balto.Md Baltimore 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First First Middle East Allen Townsend - dec. Peggy Roberts - dec. the attending physician sit permit. Then please 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 578-24-5846 Springfield State Hospital Records APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF bhro sclerusis signed by the burial-transit p Canditions, if ony, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause Generalized arteriosclerosis Years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 Paget's disease of the bones CBS Assoc, with cerebral arteriosclerosis with psychosis reaction. ed far use as the b . af Health priar ta b has been s 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? YES 🗔 NO [X] O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 3 shauld be detache with the State Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while of work 220. I certify that (I) (this haspital) attended the deceased from 6=2=67 , 19 , to 1;=11;=68 , 19 sow the deceased alive an 1;=168 , 19 , and that in (144) (aur) opinion death occurred on the da , and that in ( aur) opinion death occurred on the date and hour and from the causes stoted above, (\*) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR director, page 3 PHYS. PHYS. Springfield State Hospital 22a. ADDRESS 22d. PHYSICIAN S NAME (Type) Octavio Ruiz, M.D. Sykesville, Maryland 2178h 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (State) REMOVAL (Specify) DAltimore BURIA 2Sb. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** ADDRESS 250 REC D BY REGISTRAR VR A15 30M REV. IX LAUKENS

MARYLAND STATE DEPARTMENT OF HEALTH



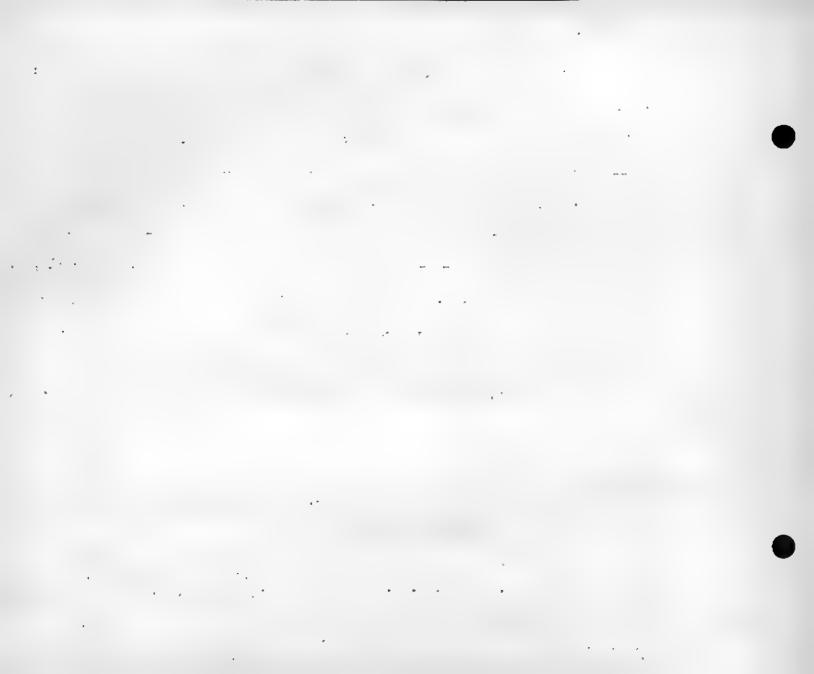
1. DECEASED NAME First Middle Lost 2a. DATE OF DEATH  (Type ar print) Minnie Lee Tucker 4-30-68	35512 2b HOUR p
1. DECEASED NAME (Type or print)  Minnie  4. RACE  1. DECEASED NAME (Type or print)  Minnie  4. RACE  5. DATE OF DEATH  Month  Month  6. AGE (In years list burlingly)  MONTH  MONTH  MONTH  1. DECEASED NAME  (Type or print)  Minnie  4. RACE  5. DATE OF BIRTH  6. AGE (In years list burlingly)  MONTH  MON	2b HOUR
(Type or print)  Minnie  Lee  Tucker  Manth 4-30-68  AGE (In years birthdrey)  Inst birthdrey  Inst birthdrey  AGE  To	ZB HOUR TO
last burinday) Month	
Female White Oct. 31, 1884 last building YRS. MONTH	8:30 M
70 BIRTHPLACE (State of foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARDIED 7 NEWER HARDIED 9. COUNTY OF DEATH	<del></del>
Md. U.S.A. WIDOWED DIVORCED CATTO!	Md.
10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired.)  12 USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.)	2b. KIND OF BUSINESS OR NDUSTRY, /
GIST Klees Mil Kond NURSE	Hospital
13a USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LM IS? 13e STREET AND NUMBER 2 13b. COUNTY CASCOLUTE SYKES VILLE YES NO 12.	· · · · · · · · · · · · · · · · · · ·
14 FATHER'S NAME First Middle Last 15. MOTHER'S MA.DEN NAME First Middle	Lost
MI / TON DORSCY HAI AND A ESTELLE  160 WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17 INFORMANT Address	EARP.
Yes, no. or unknown) (If yes give was or dates of service) - MRS. Estelle Pickett New W	lindsor, Md.
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY Abdominal and thoracic anaurysm,	
DUE TO, OR AS A CONSEQUENCE OF	1960
Conditions, if any, which gove nise to immediate couse (a).  Dissecting with rupture, shock and cardiac	through
stating the underlying cause (c) arrest and arteriosclerosis, generalized.	4/30/68
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	DERED IN CERTIFYING
190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERATION	
19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES \( \text{NO.}\) NO \( \text{X} \)  CAUSES OF DEATH?	
YES NO X CAUSES OF DEATH?  YES NO X CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   22c, HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Hem.)	
Greating Contributing Cause of Death HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19	18.)
Gr contre Buting Cause of Death HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19  2 Id. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY, ) 21f LOCATION Street or R.F.D. Na. City or Town Co While Nat while 1	
OR CONTR BUTING CAUSE OF DEATH  HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED Nat while at wark  22a. I certify that (I) (this hospital) attended the deceased from 1960, 19, 19, 19, 19, 19, 19	18.) State  , that (1) (we) last
OR CONTR BUTING CAUSE OF DEATH  HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 22d. I certify that (I) (this hospital) attended the deceased fram 1960 , 19 , ta 4/30/68 , 19  saw the deceased give an 4/30/68 19 , and that in (my) (aur) opinion death accurred an the date a	18.) State  , that (1) (we) last
OR CONTR BUTING   CAUSE OF DEATH   HOUR A.M. Month Doy Year 19   19   21d. INJURY OCCURRED   21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. Na. City or Town Co While at work   22a. I certify that (I) (this hospital) attended the deceased from 1960 , 19 , ta 4/30/68 , 19 saw the deceased alive an 4/30/68 19 , and that in (my) (our) opinion death accurred an the date a causes stated abave, (I) (we) (did) (did not) view the bady after death.	18.)  State , that (I) (we) last and haur and fram the
OR CONTR BUTING   CAUSE OF DEATH   HOUR A.M. Month Doy Year 19   19   21d. INJURY OCCURRED   21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. Na. City or Town Co While   Nat while   at work   22a. I certify that (I) (this hospital) attended the deceased fram 1960   19   19   14   4/30/68   19   19   19   19   19   19   19   1	18.)  State , that (I) (we) last and haur and fram the
OR CONTR BUTING   CAUSE OF DEATH   HOUR A.M. Month Day Year 19   19   21d. Natly Medical examiner)   P.M.   Not while at work   22d.   Learning that (I) (this hospital) attended the deceased fram   1960   19   19   19   19   19   19   19   1	Dunty State, that (I) (we) last and haur and fram the
OR CONTREDUTING   CAUSE OF DEATH   HOUR A.M.   Month Day Year   19	Dunty State, that (I) (we) last and haur and fram the
OR CONTREDUTING   CAUSE OF DEATH   HOUR A.M. Month Day Year   19   19   21d. (NJJRY OCCURRED   AT HOME FARM, STRIET, FACTORY.)   21f LOCATION Street or R.F.D. Na. Gity or Town   Co   While   Nat while   Nat while   Nat while   Nat while   Nat work   22a. I certify that (I) (this hospital) attended the deceased fram   1960   , 19   , ta   4/30/68   , 19     saw the deceased alive an   4/30/68   19   , and that in (my) (our) opinian death accurred an the date a causes stated abave, (I) (we) (did) (did not) view the bady after death.    22b SIGNATURE   DEGREE   ATTENDING   MED.   STAFF   PHYS.     22c. DATE   Med.   22d. PHYSICIAN'S   NAME (Type)   Howard   E.   Hall, M.D.   22e. ADDRESS   Sykesville, Md.   23d. (CATION, (City or Town)   (Coty)   (Co	Dunty State, that (I) (we) last and haur and fram the
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Day Year   19   19   19   19   19   19   19   1	ounty State , that (I) (we) last and haur and fram the SIGNED by 1, 1968



8/	MARYLAND STATE DEPARTMENT OF HEALTH												
8	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21 CERTIFICATE OF DEATH						MAKTLAND 2120	05513					
	1 DECEMBED MANUE First MINE AND LOS LOS DE DATE DE DATE DE DATE DE DETENDI							0001	2b HOUR				
	(Type or print) Viola L. Uhler April 3					38 :	19 <sup>4</sup> 68	M					
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	2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			emale RRTHPLACE (State or foreign	White 7b. CITIZEN OF WHAT	COUNTRY	я		O COUNTY	OF DEATH	YRS.		
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	n 24 Iled pape	ŀ	10. C	TY OR TOWN OF DEATH	II. NAM	NE OF HOSPITAL OR INST	TITUTION (IF n	at in haspital 12a, US	UAL OCCUPAT	TON (Kind of work di	ane 1	2b. KIND OF BI	JSINESS OR
	PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth he hospital or attending physicion. This certificate has been signed by the ottending physician and completely filled in by the functor letoched for use as the burial-transit permit. Then please remove corbon papers. Pigger and so Dept of Health prior to burial, cremotian, or removal, and in ony event, within 72 hour, after death	20	_ E	Holbrook	dive stro	eet address) .pel Hill N	Jursin	ng Home during	At Hork	ing life, even if retire	ed)	INDUSTRY	
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	and c	100	14. F	ATHER'S NAME First	Middle	Last	15	S. MOTHER'S MAIDEN NAME	First	Middl	-		Last
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	endi mit.	- 1		PART I DEATH WAS CAUSE IMMEDIA	ATE CAUSE (a)	roue q	rejet	O. nega		i, ureu	Luc		
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	e he e he alth		ERTI	21a ACCIDENT WAS UNDERLYIN	IG 216 TIME OF I	MILIDA	21. 4	YES NO [ OW INJURY OCCURRED (Ent		Información Destribus Des	4 2 16	10.1	
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	Spires sp	- 1	MEDICAL	(If either, natify medical exami 21d. INJURY OCCJRRED   21e	ner) P.M. PLACE OF INJURY (A	T HOME FARM STREET FACT	ORY 1 216 16	OCATION Street or R.F.D. N	la .	City or Town		ounly	State
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the burial-transbauld be filed with the State Dept of Health prior to burial, creases			While Not white		IT HOME FARM, STREET, FACT OFFICE BUILDING, ETC						,	
	ING by t fiter se o	- 1		22a. I certify that (I) (the saw the deceased a causes stated above	is haspital) atten	ided the decease	d fram	4-22- 19.	68 , ta_	4-20	19 6	乞, that (	) (we) last
	ed led led led led led led led led led l			saw the deceased a	live an	4 - 4 7 - 19	68, an	d that in (my) (aur) a death	pinian dea	th accurred an th	e date o	and havr ar	id fram the
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	OR ATTENDING be retained by the NRECTOR: After e 3 should be de ed with the State	- 1		A Dan	en Cos	lei:	DEGI	REE PHYS.	MED. DIRECTOR	STAFF	4.	-30-	68
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	Se Se Se Se	7	23a	BURIAL, CREMATION, 23b.		23c NAME OF C				ATION (City of Town)	,	County)	(State)
	55 5 2 4				-3-68	Druid R	idge	Cemetery		timore M			
	VR A15 (4) 30M REV. 1/68			FUNERAL DIRECTOR		ADDRESS	1		BY REGISTRA		RARS SIGI	NATURE ()	day
	30M REV. 1/68	68	El	lsworth Arma	cost-4600	Liberty	Hght	s.Ave DATE	AAY .	1 1968 🔏	- Company	may you	7

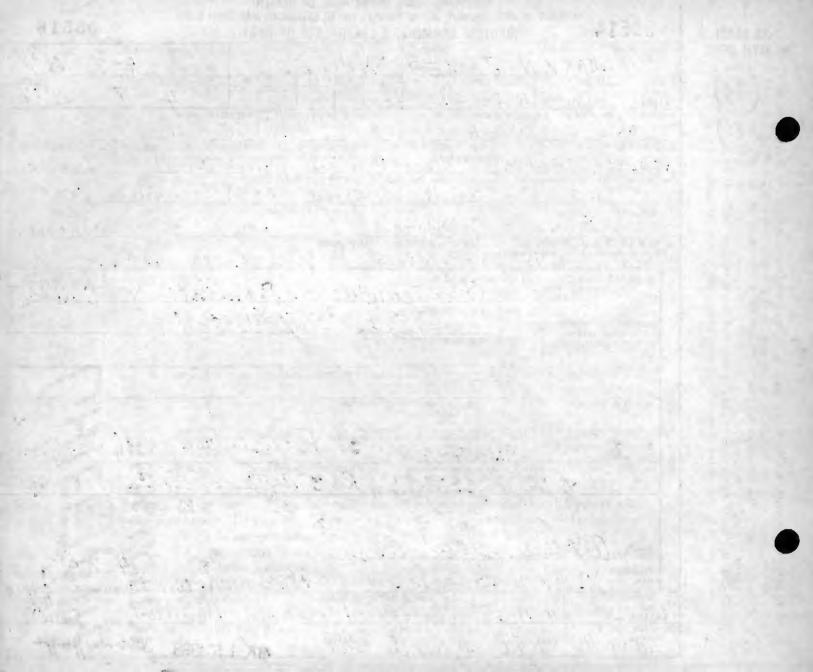
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1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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FOR STATE	-	00020	
HEALTH DEPT.		First Middle Lost 20, DATE KNOWN Month OF ESTI-	Doy Yeor 25010URS
S 0 0 2		MARVIN SAMES VYATED DEATH MATED T	7 1968 P M
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>	1	11ale White 10-30-27 43 yrs.	Year 1968 P M
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hin 24 ncil in niner's poges hours	1/2	JOHN - WHITE LAURA - V	VILLIAMS
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in pe Exam Exam File in 72		18. CAUSE OF DEATH (Enter only one couse per line for (gf (b), and ft).)	APPROXIMATE INTERVAL
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bical Examiner: This certificate should be executed se executed the certificate, writing the word "pending" in sctor. Page 4 should be forworded to the Chief Medical Ened for your files.  ECTOR: Page 3 should be used as a buriol-transit permit. For buriol, cremation, or removal, and in any event within		WHILE AT WORK	sex mig
CAL Elector Page for Page for CTOR: Page buriol,		22a. I certify that I taak charge of the remains described abave, held an Autaps . Inspection , Inquiry	and in my apinian
blesse exdirector.		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undefermined manner [	
TY please e roll director e retained AL DIRECTOR prior to bu		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	LOUPS
Pri pri		SIGNATURE A SISTANT MEDICAL EXAMINER 22b. DATE S  EVANDABLES DEPUTY MEDICAL EXAMINER 22b. DATE S	-9-68
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the Hee	230	NUNIAL CONTROL OF THE PROPERTY	(County) (State)
F E	1	REMOVAL Specify) 4-11-68 Greenwood Cemp tere. Hamilton.	A THE
		FUNERAL DIRECTOR 250. RECIDENCE 250. RECIDENCE 250. RECIDENCE 250. REGISTRAR'S SI	IGNATURE
VR A15ME (5) 10M REV. 1/68	1	Harry W. Harant Sukerindle YIM. DATE 408: 1 5 1968 gillion	Car Jungal
1977 114 17 17 40		The state of the s	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05515 CERTIFICATE OF DEATH Middle DECEASED-NAME First Lost 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Month CHARLOTTE JANE APRIL 19 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years **1F UNDER 1 YEAR** IF UNDER 24 HRS. last birthday) SHTRING Days 2-20-1886 filled in by the White Female YRS signed by the attending physician and campletely filled in by to burial-transit permit. Then please remove carban papers. Pagburial, crematian, ar remayal, and in any event, within 72 hours 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED U.S.A. WIDOWED [ DIVORCED [ Carroll Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY Sykesville Springfield State Hospital 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Garrett YES NO None Grantsville 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Stephen Wilt Rhoda Broadwater 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) (If yes give war or dates of service) 220-54-6036 Records, Springfield State Hospital 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopner BETWEEN ONSET AND GEATH Bronchopneumonia DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave t Arteriosclerotic cardiovascular disease Years rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse Years (d) Generalized arteriosclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
Mental deficiency, familial or hereditary, severe director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [7] NO ST 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 6-12-45, 19, ta 4-19-68, 19 saw the deceased alive an 4-19-68, 19, and that in (my) (aur) apinion death accurred on the da , that (1) , and that in (my) (aur) apinion death accurred an the date and have and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 4-19-68 X Springfield State Hospital 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Antonius Glahn . M. Sykesville, Maryland 21284 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) B REMOVAL (Specify) 4/21/68 Md. Robt. Broadwater Swanton EICTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR Westernport, Md. 30M REV. DATE

MARYLAND STATE DEPARTMENT OF HEALTH